

# East Meets West

## Exploring Cultural Diversity in the Blue Mountains

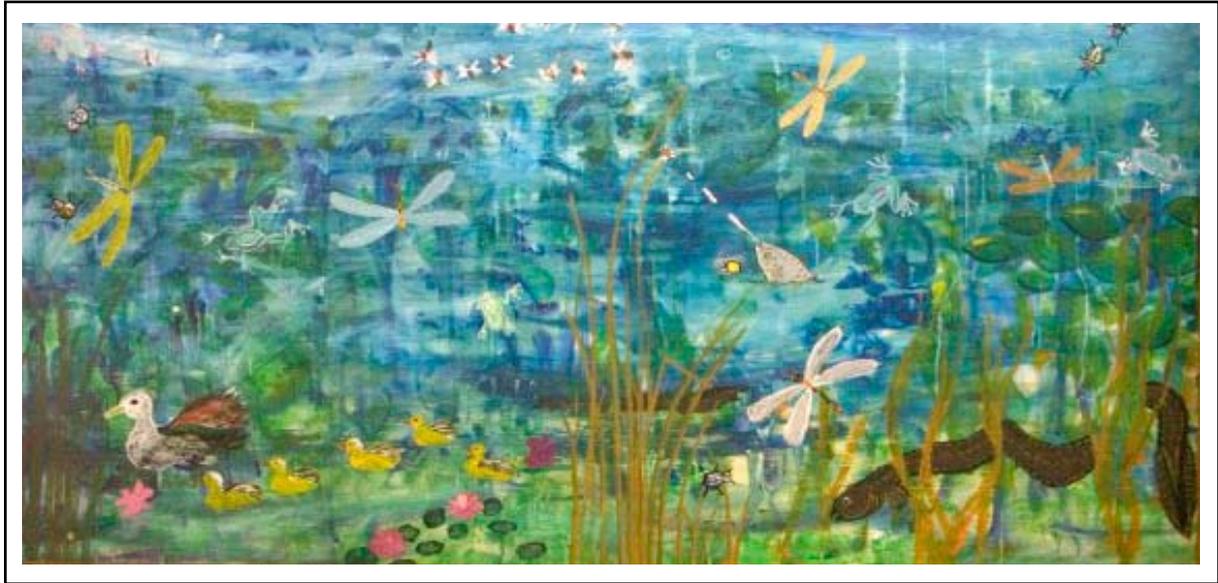
A report prepared for Sydney West Area Health Service

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Multicultural Health Network  
Western Cluster



Front cover image:

Extract from a collaborative mural that appears above, by members of the Blue Mountains Multicultural Residents Association who participated in the 'Nature through Fresh Eyes' Project in the Blue Mountains, 2005. The mural features a giant dragonfly, an endangered species that survives in the Blue Mountains swamps, a biologically diverse plant community that occurs nowhere else in the world.

Back cover images:

Scenes from the Blue Mountains National Park (Photos: Courtesy of Guy Fordy)

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First published in 2007 by

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ISBN 1740801024

Publication No: SWP-164

#### Disclaimer

Sydney West Area Health Service has commissioned this research. However the information and views contained in this report do not reflect the views or values of this organisation or the NSW Department of Health.

#### Project Partners:



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## **Acknowledgements**

This project was funded and supported by Sydney West Area Health Service's Multicultural Health Network (SWAHS MHN). Key project partners were Mountains Community Resource Network (MCRN) and the Blue Mountains Multicultural Residents Association (MRA). Sincere thanks go to all the people who contributed to this project.

### ***For conceptualising this project:***

Mary Waterford - MCRN; Penny May - Nepean Families First Service Network Project Worker; Kyung Mi Cho - President MRA; Carol Tingate and Vivienne Strong - SWAHS MHN.

### ***Project Advisory Committee:***

Mary Waterford and Julianne Abood from MCRN; members of MRA and Carol Tingate

### ***For designing and conducting the research:***

Beatriz Cardona

### ***For support in reaching CALD communities:***

Najah Kerbaj, Multicultural Services Officer - Centrelink; Laura Sardo - from Nepean Migrant Access Inc (NMA); staff from Springwood Neighbourhood Centre and Cheryle Yin-Lo - Blue Mountains World Heritage Institute (BMWHI).

### ***For helping identify key issues for exploration, for promoting the project through their professional networks and brainstorming strategies arising from the findings:***

Members of the Mountains Multicultural Interagency

### ***For preparing the Report***

Beatriz Cardona, Carol Tingate and Fiona Luckhurst - Team Leader SWAHS MHN Western Cluster

### ***For editorial support:***

Julianne Abood, Gloria Tejos - MRA; Laura Sardo - NMA. ; Lyn Pagan - Blue Mountains Women's Health Centre; Ruth Caro - Blue Mountains City Council; Rosie Smith - Penrith City Council; Joy Chapman - Management and Project Support Officer - SWAHS MHN Western Cluster Team; Joanne Corcoran, Mona Alforque and Katherine Ingham - Diversity Health Institute Clearinghouse; Clarissa Mulas - Network Director SWAHS MHN.

### ***For their participation in the focus groups and their many valuable observations and suggestions:***

Service providers from a whole range of local services. Special thanks go to all the participating residents from Culturally and Linguistically Diverse (CALD) backgrounds for their candour and their time. All attempts have been made to represent in an honourable way their views, concerns and recommendations regarding the provision of culturally sensitive services, and the creation of environments more conducive to a culture of mutual understanding among local communities in the Blue Mountains.

## 1. Abbreviations List

ABS	Australian Bureau of Statistics
BMCC	Blue Mountains City Council
BMWHC	Blue Mountains Women's Health Centre
BMWHI	Blue Mountains World Heritage Institute
CALD	Culturally and Linguistically Diverse
CRC	Community Relations Commission for a multicultural NSW
CSSS	Community Settlement Service Scheme
DIAC	Department of Immigration and Citizenship
DIMA	Department of Immigration and Multicultural Affairs (now The Department of Immigration and Citizenship - DIAC)
GP	General Practitioner
HACC	Home and Community Care
LGA	Local Government Area
LMFSS	Lower Mountains Family Support Services
LOTE	Language Other Than English
MCRN	Mountains Community Resource Network
MHN	Multicultural Health Network
MMI	Mountains Multicultural Interagency
MOCS	Mountains Outreach Community Service Inc.
MRA	Blue Mountains Multicultural Residents Association
NESB	Non-English Speaking Background
NMA	Nepean Migrant Access Inc.
POHP	Priority Oral Health Program
RTA	Roads and Traffic Authority
STARTTS	Service for the Treatment and Rehabilitation of Torture and Trauma Survivors
SWAHS	Sydney West Area Health Service
TRI	Training, Resources and Information
WAHS	Wentworth Area Health Service
WSAAS	Western Sydney Area Assistance Scheme

For ease of reading, 'East Meets West: Exploring Cultural Diversity in the Blue Mountains' is also referred to in this report as 'East Meets West' or 'the East Meets West project' or 'the project.'

## **2. Executive Summary**

'East Meets West: Exploring Cultural Diversity in the Blue Mountains' came about in response to concerns among service providers in the Blue Mountains about engaging with and providing culturally appropriate services to local residents from Culturally and Linguistically Diverse (CALD) backgrounds, in the absence of locally based multicultural workers. When it was announced that this project would take place, the response from some quarters was "Another report! Why do we need another report?" reflecting perhaps the fact that various studies looking at cultural diversity in the Blue Mountains have been conducted in recent years.<sup>1,2,3,4</sup> Despite numerous recommendations arising from those studies, there has been limited impact on the everyday experience of residents from CALD backgrounds and their interactions with services across the Blue Mountains. Access and equity are issues of concern for residents and service providers alike, and despite repeated calls for appropriate resources, funding for the only locally based settlement worker was recently not renewed.<sup>3</sup>

'East Meets West: Exploring Cultural Diversity in the Blue Mountains' does not attempt to replicate previous research, rather it aims to provide a more comprehensive picture, not only from the perspective of service providers, but also from the often missing perspective of the CALD communities themselves. It includes practical steps that can be taken by services in partnership with residents to improve the wellbeing and life satisfaction of CALD residents.

A qualitative research methodology was employed. A combination of individual, semi-structured interviews and focus groups was used to explore the main issues for CALD residents. Focus groups were used to engage service providers in exploring cultural identity and how they could better service CALD communities. Interpretation of the interviews was informed by national and international literature and discourse on cultural studies and on access and equity in service provision and delivery.

The chapter on 'Findings from Consultations with CALD Residents' presents the participants' perceptions and concerns, as well as some suggested strategies for addressing them. The views of community, health and other government service providers are presented in the chapter on 'Findings from Consultations with Service Providers', in order to widen the focus and explore factors affecting the ability of services to meet their access and equity commitments to CALD residents.

Our research demonstrates that, despite stereotypes of a mono-cultural tradition, the Blue Mountains is home to people from many cultural and linguistic backgrounds, whose contribution can be seen in the rich and diverse range of artistic, cultural and business enterprises across the area.

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This project identifies the following issues as significant for CALD residents in the Blue Mountains in relation to accessing a range of services:

- Health
- Cultural identity and negotiating a sense of place
- Employment and training
- Perceptions about rights, entitlements and responsibilities
- Accessing information
- Accessibility of services and relevance to perceived needs
- Promoting diversity in the community

From the perspective of service providers, our research explores the following issues:

- Cultural identity
- Developing the Cultural Competence of services
- Vulnerable groups and complex needs
- Increasing the demand for services among CALD residents
- Liaison and referral issues among service providers
- Training and development

In exploring issues from the perspective of CALD residents, this project has found that many factors impact on their utilisation of services, and there are some very practical steps that can be taken to help bridge the gap between CALD residents and services. Various themes relating to access and equity are explored, including Anglo-centric models of service provision, structural barriers to service usage, and commitment to cultural diversity in the workplace.

The report outlines a number of strategies for engaging CALD residents with local services: building cultural competency within services; participatory approaches to planning and development; more flexible models of service delivery and initiatives to enhance cultural understanding, economic participation and social connectedness in the Blue Mountains. The recommendations are intended to generate further discussion, ideas and activities to address cultural and structural barriers to service utilisation, to increase cultural understanding, and enhance interactions between service providers, CALD communities and the broader community in the Blue Mountains.

It has proven difficult to secure funding for CALD-focused projects in the Blue Mountains, as the CALD population is relatively small, with insufficient numbers of specific language or ethnic groups to warrant the employment of ethno-specific workers. Regional multicultural workers are thinly spread, and often the needs of larger, more concentrated CALD communities in Penrith or the Sydney Metropolitan Area take precedence. Given the location and geographic characteristics of the Blue Mountains and the social isolation faced by many local residents, there needs to be recognition that the area has more in common with rural than metropolitan areas.

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It is hoped this report has provided sufficient evidence of the need for a suitably resourced, locally based point of leadership to coordinate CALD-focused casework, referral and community development projects for Blue Mountains CALD communities, and that the project's findings will support services and the Mountains Multicultural Interagency (MMI) in lobbying for such resources.

Locally based human service organisations need to make a greater commitment to building the level of cultural competence within their own workforces and to work in partnerships to develop new, effective responses and practical resources that can be shared across the Blue Mountains. It is important that MMI continues to plan and prioritise and to lobby for sustainable resources and recurrent funding locally.

The dedication of resources and project funding by government agencies will be crucial to the successful implementation of the recommendations of this report.

### **3. Recommendations**

Based on this project's findings, the following recommendations are made to promote and enhance the participation of CALD residents with services in the Blue Mountains. Practical strategies for implementing the recommendations have been included at the request of a range of service providers who participated in the focus groups. This report recommends that:

#### **3.1 Health**

**3.1.1** Health service providers in the Blue Mountains develop strategies to ensure that information on their services is readily available and relevant to local CALD residents, especially those with poor English proficiency and limited familiarity with the health system.

**3.1.2** Given the distances involved, and the reliance of many CALD residents on their GP as the first point of access into the health system, the SWAHS Multicultural Health Network and Western Cluster services work in partnership with the Blue Mountains Division of General Practice to ensure that local GPs have up-to-date information on existing services and translated resources for CALD patients, for example by including relevant information in the Division's monthly newsletter, and that the After-hours GP Clinic proposed for the Blue Mountains is actively promoted to residents from CALD backgrounds if it goes ahead.

**3.1.3** Sydney West Area Health Service employ a Multicultural Health Worker based in the Blue Mountains to provide liaison and referral, to advise health workers including GPs of relevant resources and referral pathways, and to identify and plan more engaging health promotion projects, strategies and partnerships to improve well-being and health outcomes for CALD residents.

**3.1.4** SWAHS Multicultural Health Network actively promotes its services to SWAHS staff, and develops strategies to ensure that existing services and programs are relevant and accessible to isolated CALD communities, especially where there are insufficient numbers to provide ethno-specific programs.

**3.1.5** Health workers based in the Blue Mountains regularly consult with SWAHS Multicultural Health services about the different cultural perspectives that CALD communities may have on issues such as disability, illness and mental health and implement strategies to ensure their services are flexible, relevant and effective in meeting the needs of clients from CALD backgrounds.

**3.1.6** Local health and emergency services utilise existing points of contact for CALD communities such as TAFE classes and GP clinics, to convey information to these communities about what to do in emergencies and how to express urgency when making appointments.

**3.1.7** SWAHS actively promotes its dental services to CALD communities in the mountains, including informing them of the Area Health Service Priority Oral Health Program.

**3.1.8** Priority be given to developing and funding local social, environmental and recreational programs to enhance the mental wellbeing of CALD residents.

**3.1.9** Health workers recognise the importance of traditional medicines and cultural practices and where relevant, include components of these in health information sessions targeting CALD communities.

## **3.2 Settlement and Belonging**

**3.2.1** Programs and services are developed and supported by Federal and State settlement services to enhance the settlement experience of CALD residents in the mountains.

**3.2.2** Funding is allocated for a locally based multicultural worker (not limited to working with residents during their first five years of settlement in Australia) to link CALD residents and local services, to convene the Mountains Multicultural Interagency and to provide information, settlement support and referral for CALD residents.

**3.2.3** Local services and Blue Mountains City Council support the development of a 'Newcomers' Kit' to assist CALD residents moving to the mountains to understand their entitlements, the local services and multilingual resources available, and what their rights and responsibilities are.

**3.2.4** Strategies are developed, funded and implemented by local services and government agencies to strengthen the connections between CALD residents and the Blue Mountains community, environment and services, such as educational environmental tours, participation in bush care activities, festivals, cultural events and the sharing of food and stories.

**3.2.5** Local services analyse and disseminate information about local CALD communities and demographics on a regular basis to facilitate a local, co-ordinated approach to service planning and development in the mountains.

**3.2.6** A Multicultural Resource Kit (which includes demographics, a directory of CALD specific programs, services, multicultural groups and voluntary associations and source points for CALD specific and multilingual information) is developed to assist services in identifying emerging communities, referral pathways and relevant programs for CALD residents.

**3.2.7** Services utilise 'communityNet'\* to share resources and information that support the provision of culturally appropriate services.

## **3.3 Employment and Training for CALD Communities**

**3.3.1** Local employment services develop strategies to assist CALD communities, particularly newly arrived residents with obtaining recognition of overseas qualifications, identifying relevant career paths in Australia and gaining local work experience.

**3.3.2** Strategies are implemented to link CALD residents who are setting up their own businesses and small enterprises with business and tourism mentors and networks, for example via Chambers of Commerce and local small business networks.

**3.3.3** Strategies are developed to inform CALD residents – particularly women in casual, low paying positions about industrial relations laws and their rights as employees and to assist them with award setting and bargaining for individual agreements to ensure they are not disadvantaged in the negotiation process with employers.

\* CommunityNet is an information and resources website for the community sector auspiced by TRI Community Exchange Inc, with a focus on Greater Western Sydney, to share news, information about upcoming events, conferences, seminars, workshops, training, funding, employment vacancies and web links. 'communityNet e-news' is a free weekly email alert. Interagencies and other community groups can store documents such as minutes and agendas in communityNet's download section. <sup>5</sup>

**3.3.4** Agencies providing employment programs such as bridging courses ensure they are accessible and actively promoted to CALD communities and women.

**3.3.5** Research be conducted with women from CALD backgrounds working in the local care sector (both as carers and, for example, in nursing homes) to record their support needs and experiences and to highlight their hidden contribution to the community.

### **3.4 Information Provision to CALD Communities**

**3.4.1** Locally based government and community services adopt a coordinated approach to ensure that information on their services reaches CALD residents using strategies such as: meeting with key community members, attending venues where CALD communities meet, utilising points of entry of CALD residents into services, providing multilingual information and promoting services via the Multicultural Residents Association's newsletter and the MMI.

**3.4.2** Local human service agencies implement information strategies and campaigns for local CALD communities on their rights and responsibilities with respect to health services, housing, welfare, interpreters, immigration and privacy legislation.

**3.4.3** Multilingual resources produced by the Roads and Traffic Authority (RTA) - including the road rules and the written test - are promoted to CALD communities across the area, for example via Centrelink, TAFE and local information networks.

**3.4.4** CALD residents living in isolated areas or with limited access to private transport are informed via a range of media about transport available, such as that provided by Great Community Transport Inc.

**3.4.5** Multicultural programs and events are provided in the lower mountains.

### **3.5 Promoting Diversity**

**3.5.1** Projects are developed, funded and implemented in the mountains to promote cultural, religious and linguistic diversity and foster community harmony and positive race relations.

**3.5.2** Strategies are implemented to increase the broader community's awareness of the contribution of migrant and refugee communities and individuals in the mountains to the economic, artistic and cultural life of the mountains and to the care sector through exhibitions, cultural events and local media.

**3.5.3** Strategies are implemented in partnership with local Indigenous services to provide opportunities for CALD residents to learn about Indigenous cultures.

### **3.6 Developing the Cultural Competence of Services**

**3.6.1** Human services managers ensure their frontline staff are trained in accessing multicultural resources, communicating with culturally diverse clients and ensuring that interpreters are used as appropriate.

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**3.6.2** Service providers actively support the referral of CALD clients by ensuring that clients have information on the service they are being referred to, the referral process and the appointment system, and that referring services contact receiving services to ensure they are aware of interpreter need and language spoken.

**3.6.3** Cultural diversity and access are key features in job descriptions, work plans and meeting agendas of local services.

**3.6.4** Local community and health service providers proactively recruit personnel from CALD backgrounds.

**3.6.5** Local community services actively seek funding for resources to deliver more flexible, innovative programs to meet the specific cultural, linguistic and religious needs of CALD residents in the Blue Mountains.

**3.6.6** CALD residents are actively encouraged to participate in service planning and development, to ensure services are culturally appropriate and strategies are implemented to promote services to CALD residents.

**3.6.7** Human services managers commit to building the cultural competence of staff by promoting cross-cultural training programs within their organisation.

**3.6.8** Services make their reception areas more welcoming to CALD residents by displaying multilingual signage, brochures and other images that reflect diversity.

**3.6.9** Cross cultural training programs include opportunities for participants to explore and share their own cultural identity, to review the values and assumptions about culture that underpin their own and their organisation's work practices and to share strategies for engaging with CALD communities that have worked well in the local area.

### **3.7 *Vulnerable Groups and Complex Needs***

**3.7.1** Funding allocation for Blue Mountains programs be based on rural funding models.

**3.7.2** Local refugee support networks be maintained and enhanced to ensure that the complex needs of refugees and humanitarian entrants are addressed within the local context.

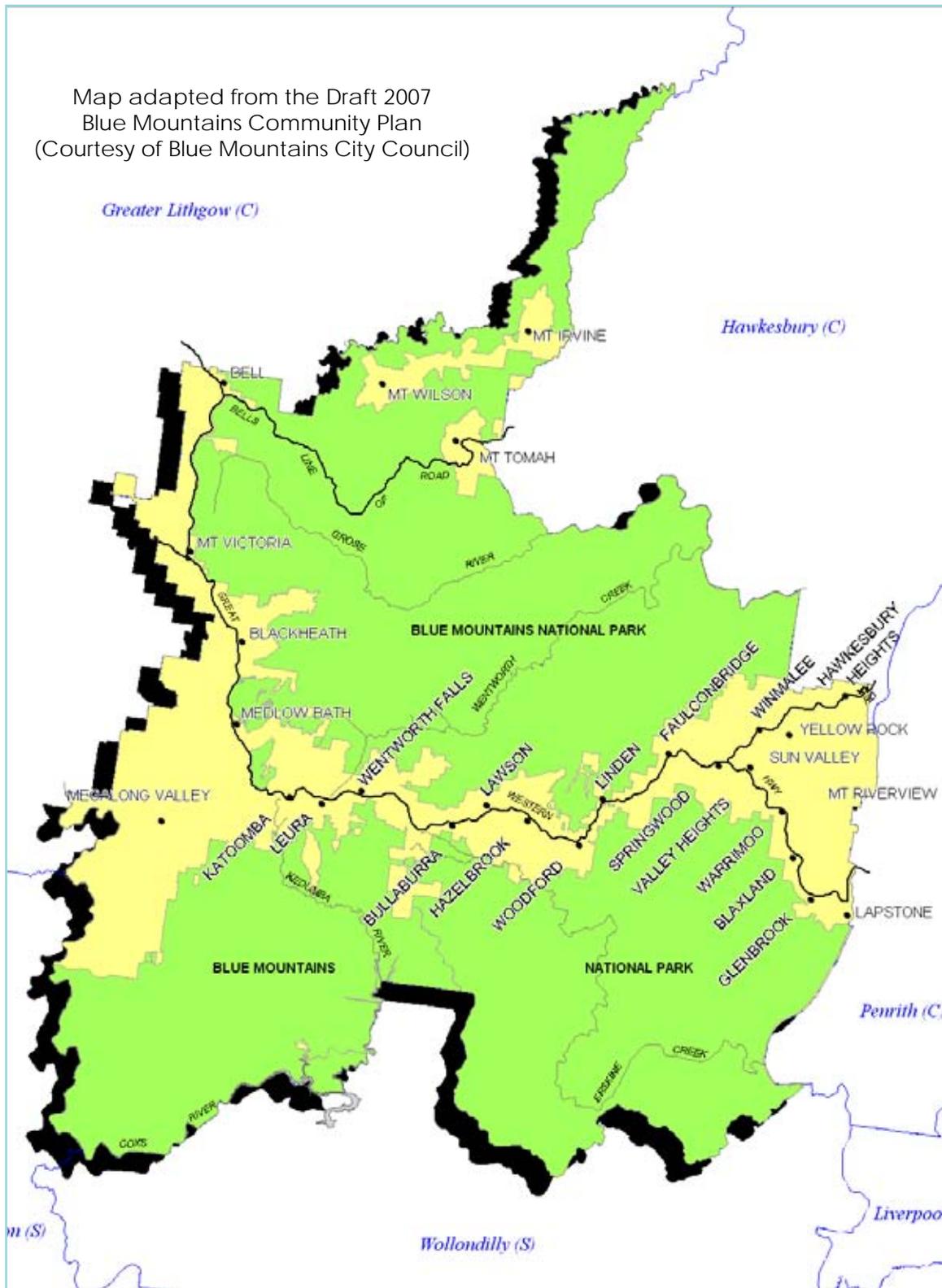
**3.7.3** Local services with a focus on justice inform CALD residents, particularly women, of the rights and responsibilities of individuals, local legal aid services and the justice system.

**3.7.4** Services supporting CALD clients with complex needs share their knowledge of specialist resources and information through service forums such as Interagencies.

**3.7.5** Local services work in partnership to actively promote their services to isolated CALD residents and ensure they are informed of telephone interpreter services to facilitate their access to services.

## 4. Background Information

### 4.1 Map of the Blue Mountains Local Government Area



## 4.2 Cultural Diversity in the Blue Mountains

The City of Blue Mountains is on the Great Dividing Range, at the outer western fringe of Sydney's Metropolitan Region. The Blue Mountains Local Government Area (LGA) is adjacent to Penrith LGA in the east, the Hawkesbury LGA in the northeast, Greater Lithgow LGA in the west, Oberon LGA in the south west and Wollondilly Shire in the south. The area covers about 143,000 hectares of land, around 70% of which is incorporated in the World Heritage listed Blue Mountains National Park.<sup>6</sup> The Blue Mountains LGA comprises 28 towns and villages situated east/west along 100 kilometres of ridgeline. In 2004, the Blue Mountains LGA was home to 75,000 residents.

The traditional owners of this land are the Darug and the Gundungurra nations. Their rich and dynamic cultures have a history going back up to 70,000 years.

Migration to Australia from more than 200 countries over the last 200 years has made Australia one of the most culturally diverse nations in the world.<sup>7</sup> The 2001 Census indicated that 3,417 Blue Mountains residents spoke a language other than English at home, representing 4.6% of the LGA's population. Unfortunately, the results of the 2006 Census were not yet available at the time of this report being finalised.

The Blue Mountains CALD population is relatively small when compared with levels in Metropolitan Sydney - the highest concentrations in NSW being in Auburn with 53.2% and Liverpool with 35.6%. Residents from CALD backgrounds do not settle in one particular location in the Blue Mountains but are scattered throughout the LGA, making it a challenge to target any specific ethnic group. There are, in general, smaller numbers in the lower mountains than in the middle and upper mountains<sup>6</sup>. There are small CALD communities located in some towns, such as Polish residents in Springwood, Iranians in Falconbridge and Filipinos in Bullaburra.

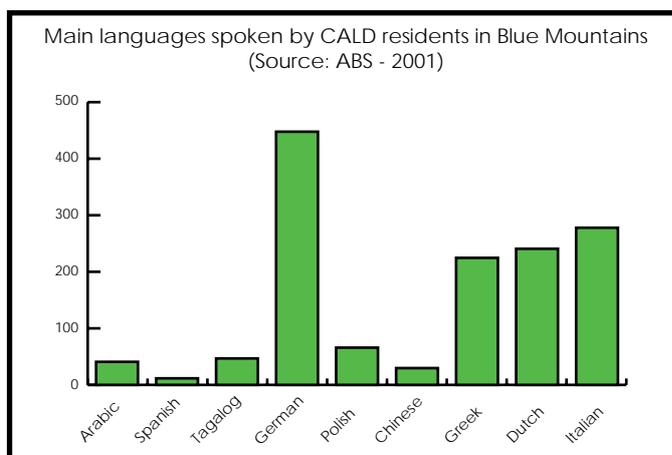


Figure 1

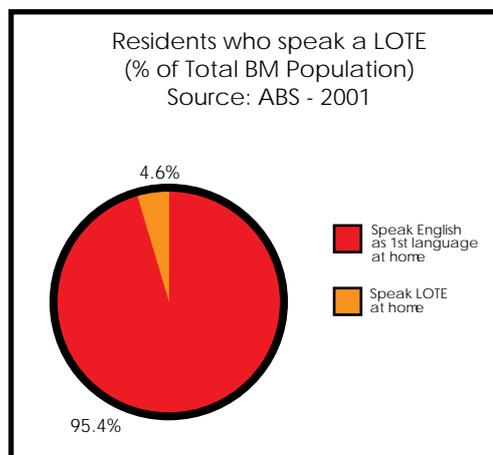


Figure 2

The largest population speaking a Language Other Than English (LOTE) at home at the time of the 2001 Census was German, followed by Italian, Dutch and Greek speakers. Emerging communities whose settlement period in Australia was five years or less included the Filipino, Arabic and Spanish communities. A summary of relevant data for Blue Mountains residents, compiled by the CRC from the ABS 2001 Census, is attached at Appendix 1.

The lack of statistical information on the number of homeless and isolated people from CALD backgrounds in the Blue Mountains makes it difficult to ascertain where they are and what the level of need is among this group. However, general information on household income from the 2001 Census showed significant discrepancies in the household incomes of residents in the Blue Mountains. Almost one third (31.3%) of Katoomba households had an income of less than \$400 per week compared to only 2.2% of households in Yellow Rock/Hawkesbury Heights and 8.4% in Lapstone<sup>6</sup>. According to this data, Katoomba had the highest proportion of residents with low income and the highest percentage of residents from CALD backgrounds who spoke English either not well or not at all. The highest proportion of State Housing Authority properties in the Blue Mountains (2.9%) was located in the upper mountains.

It is feasible to conclude from this data that there may be significant numbers of vulnerable residents from CALD backgrounds in the upper mountains with limited English language competence who might benefit from appropriate programs and services.

Data compiled by The Department of Immigration and Citizenship - DIAC about Migrants and Refugees for the period from 1 January 2002 to 31 December 2006 indicates that the vast majority of all settlers to the Blue Mountains arrived under the Non-Humanitarian - Family and Skill streams, with very small numbers being humanitarian entrants (see Appendix 2). It should be noted that The Department of Immigration and Citizenship - DIAC's figures are based on the area where people indicate they intend to live on arriving in Australia and not where they subsequently reside.

### **4.3 Culture and Visibility – the Broader Context**

The issue of visibility of CALD communities in the Blue Mountains needs to be understood within the broader context of 'community relations' in Australia. Multiculturalism as a guiding policy on cultural relations and a point of reference for all Australians is being replaced by a new discourse of 'Australianness' and integration based on adherence to the principles and perceived common values of this country.<sup>8</sup> Changes in social policy are resulting in models of service delivery that seek to 'mainstream' the needs of diverse communities, in ways that deny the complexities of their situations and the additional resources needed to meet these needs.<sup>9</sup>

A 1998 cultural research report by Danielle Clarke<sup>1</sup> found that when cultural difference is portrayed as being problematic in a society, individuals who may perceive themselves as belonging to minority communities tend to avoid drawing attention to themselves and therefore make themselves 'invisible' so that they are not singled out as being different. In the Australian context, cultural diversity has tended to be framed largely in negative terms.

The result is that on the one hand, health and community care workers may believe it is incumbent on the client to fit in with or assimilate into the mainstream culture of Australian health and community services, and on the other that CALD communities may avoid presenting themselves in terms of their culture if this creates a problematic visibility.

Malik (cited in Weiss 2002<sup>9</sup>) asserts that an effective exploration of cultural diversity requires the recognition that, with the exception of Aboriginal people, we have all migrated to Australia in the last 200 or so years, along with an acknowledgement of the impact that colonisation and migration have had on the lives of Indigenous populations, including those in the Blue Mountains. Aboriginal land rights and issues of reconciliation remain a dominant thread in race relations in Australia.

#### **4.4 Local Responses to Cultural Diversity in the Blue Mountains**

Cultural Diversity is a living reality in the Blue Mountains, with people from European, Middle Eastern, Asian, African and Latin American countries residing in the area, many for 20 years or more. This often goes unrecognised, especially when physical differences are minimal.

The topographical and geographical characteristics of the Blue Mountains, along with the dispersed settlement patterns of CALD communities, pose challenges for any service attempting to engage with a specific CALD community. While a number of residents from CALD backgrounds have high needs there is a shortage of locally based support for them. In addition, many CALD residents establish strong connections with their immediate communities, making it more difficult to link them to services and cultural activities outside their townships. The location of townships along a major, often congested highway, combined with a range of public transport issues, makes the development of stronger linkages between services and CALD residents in the Blue Mountains challenging.

Local community and government agencies have responded in various ways to the challenges and opportunities brought about by cultural diversity. There is anecdotal evidence of quite widespread perceptions among local mainstream service providers, and in the community at large that the local CALD population is almost non-existent. Put simplistically, this has led to a rather negative cyclical logic in some quarters, along the lines that CALD residents don't exist in significant numbers in the mountains or, if they do, they don't use services, therefore they don't need the services, so services don't need to take any special measures to address cultural and linguistic diversity.

Many services have proactively sought to incorporate access and equity into their service models and practices, but have often been frustrated in their efforts to locate and engage with CALD residents to whom they could promote their services. With limited local resources dedicated to cultural diversity, services have often relied on a partnership approach when running programs targeting CALD communities in the mountains. For example, several services might join together to organise information days, events or community consultations to which residents from CALD backgrounds are invited.

### **The Blue Mountains Multicultural Residents Association (MRA)**

Formerly called the Blue Mountains Migrant Residents Association, the MRA is an incorporated, community-based group formed in 1996 by local CALD residents and currently has about 70 members. MRA aims to organise social and cultural activities that promote cultural diversity in the Blue Mountains; to provide opportunities for migrants to meet to reduce social isolation; to help all migrants living locally in need of assistance and to lobby services and government bodies on migrant issues. MRA also partners in local projects and represents the views and concerns of local CALD residents at the Blue Mountains City Council's Access and Equity Committee meetings. MRA does not have any paid workers, relying on members to contribute to its activities. MRA also produces a newsletter, which is circulated to members.

### **Raising the profile of local CALD communities**

The visibility of CALD communities and their participation in the social, economic and cultural life of the mountains is recognised and celebrated through annual events organised by MRA, such as 'Carnaval' and 'Connecting Cultures'.

The Blue Mountains Refugee Support Group (BMRSG) has also held a number of fundraising and awareness raising events to increase support for people from refugee or refugee-like backgrounds.



MRA Members perform 'La Cumbia' - a traditional Colombian dance at 'Carnaval' November 2006 (photo courtesy of MRA)

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Some other one-off projects have been undertaken in the mountains in recent years. During 2000 the Living in Harmony Project auspiced by Mountains Outreach Community Service (MOCS) culminated in the production of 'The Welcoming' Triptych wall hanging.\*



'The Welcoming' Triptych wall hanging (photo courtesy of MOCS)

Such events and projects play an important role in building social capital and fostering a culture of mutual understanding among diverse local communities.

Securing funding to raise the profile of CALD residents and enhance cultural exchanges in other ways has proven very challenging and competitive. Small grants have recently been approved for community cultural development projects, for example from the NSW Community Relations Commission (CRC), and via the Community Development and Support Expenditure Scheme (CDSE), however applications for several other more substantial grants have not been successful.

A recent local initiative to address racial and religious stereotyping in the media and provide a more accurate portrayal of cultural diversity was 'Rock against Racism'. This event was held in early 2006 in Lawson and was organised by Blue Mountains residents (including members of MRA) who were concerned about racism in the local community. This also highlighted community concerns regarding the manner in which race relations in Australia are being conducted and the impact this has on the mainstream community's attitudes towards CALD communities.

At a recent Chinese New Year celebration held in the upper mountains, a cross section of the community had an informal opportunity to meet some local residents from Asian backgrounds, to share food and conversation, and to learn about other cultures.

\* This project involved Blue Mountains residents from diverse backgrounds coming together at a series of 'Art and Migration' workshops at Springwood Neighbourhood Centre, to discuss their stories of arrival in Australia and what it has meant to them and their families. Their stories were depicted around the theme of welcome, using fabric as the medium - the theme running through the stories is that feeling welcome in a new country is not always instantaneous.<sup>10</sup>

### **Multicultural Services for Blue Mountains residents**

In recent years, the only locally based program specifically targeting settlement of CALD residents in the Blue Mountains has been the Community Settlement Service Scheme (CSSS) based at Mountains Community Resource Network (MCRN) and funded by the Department of Immigration and Multicultural Affairs (recently renamed as The Department of Immigration and Citizenship - DIAC). This program was initially funded in 1992 to provide community development and support for CALD residents, however in recent years its brief changed to target newly arrived residents and refugees. In 2005, DIMA made a decision not to renew funding for this service. Instead, the brief of the CSSS service at Nepean Migrant Access Inc. (NMA), which is based in St Marys, was expanded to provide casework on request and by appointment, and to develop an 'information hub' in a venue in or around Katoomba for Blue Mountains CALD residents with a settlement period of less than five years.

A range of government and non-government services work in the Nepean region to assist in developing and supporting culturally and linguistically accessible services, with various health and community services mandated to service CALD residents in the mountains. These services include Sydney West Area Health Service's Multicultural Health Network, Nepean Migrant Access Inc., Centrelink's Multicultural Services Officer, TAFE's Multicultural Unit, the Nepean HACC CALD Access Project and the Department of Education and Training's Community Information Officer (NESB). These services are based outside the Blue Mountains (generally in Penrith) and have a far broader geographic catchment than just the Blue Mountains LGA, employing an outreach model for servicing CALD residents in the mountains.

In addition, some recent short-term local projects have also targeted CALD residents as part of their brief. These include the Blue Mountains World Heritage Institute (BMWHI)'s Community Cultural Development Project, which was funded to August 2007 and a mental health community cultural development project based at MCRN, with funding from Western Sydney Area Assistance Scheme (WSAAS) until November 2007.

The Mountains Multicultural Interagency (MMI) was established in 2001, and is attended by representatives of many local community services. The interagency's quarterly meetings provide an important forum for discussing issues and policies impacting on local CALD residents, and for sharing information, brainstorming and forming partnerships for specific projects. Until mid 2005 this interagency was convened by the locally based CSSS worker. Since then, responsibility for this has fallen to MCRN.

To date, Sydney West Area Health Service (SWAHS) Multicultural Health services have only had the capacity for limited involvement in the mountains. The SWAHS Multicultural Health Network's Western Cluster team (formerly the Wentworth Area Health Service (WAHS) Cultural Equity Unit) is based at Nepean Hospital and outreaches to the Blue Mountains. Activities undertaken in the Blue Mountains by its staff have included: providing an introduction to Multicultural Health and Interpreter services via SWAHS staff orientation and several in-services for Blue Mountains-based Health Service staff; assisting SWAHS staff seeking referral pathways for CALD patients and clients; promoting and monitoring the use of Health Care Interpreters; promoting state-wide Multicultural Health services such as the Service for Treatment and Rehabilitation of Torture and

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Trauma Survivors (STARTTS), the NSW Refugee Health Service and the Transcultural Mental Health Centre; attending the MMI and partnering in several projects and information days to promote health services to CALD communities.

There has been limited scope for the Western Cluster team to have enough of a presence locally to effectively support Blue Mountains health staff in developing strategies for working with CALD communities, and implementing health promotion strategies prioritised by NSW Health and SWAHS (such as strategies to prevent falls, diabetes, tobacco smoking and obesity).

There are no generalist multicultural health workers or health workers catering to the needs of any specific ethnic groups based in any regional hospitals or community health centres within the SWAHS Western Cluster, which comprises the Blue Mountains, Penrith and Greater Lithgow LGAs. A new Multicultural Health Internet site is in development under the auspice of the Diversity Health Institute, and will provide links to an extensive range of translated and other health resources, and multicultural services. Some sessional health education programs, such as the Bilingual Community Educator program, are available to CALD residents across SWAHS, however due to the demographic characteristics of the mountains there is often a mismatch between the current model and the needs of local communities.

SWAHS Multicultural Health Network (MHN)'s commitment to commissioning the 'East Meets West' project shows a willingness to explore local needs and develop more effective service models to improve health outcomes for CALD communities in the mountains.

As evidenced in its public policy documents, the Blue Mountains City Council (BMCC) has reaffirmed its commitment to cultural diversity and the benefits of a 'multicultural society'<sup>13</sup>. Recently, through its Cultural Partnerships Program, BMCC has supported projects aimed specifically at CALD communities. These included 'Nature through Fresh Eyes', a project that sought to engender an increased appreciation among CALD residents of the Indigenous cultural and ecological significance of local bush lands. This was achieved through small tours with local Indigenous guides and artists. The project was supported by the MCRN and funded by the Australia Council for the Arts, BMCC and the BMWHI.

The Blue Mountains City Council supports annual multicultural events such as 'Carnaval' and 'Connecting Cultures' concerts, and in the last two years has sponsored local Harmony Day celebrations. This commitment, along with ensuring CALD representation on the BMCC Access and Equity Advisory Committee, have been pivotal in enhancing relationships between CALD communities and the council. In 2004, BMCC declared the Blue Mountains LGA a 'Refugee Welcome Zone'. Another important milestone in promoting cultural diversity and positive community relations in the Blue Mountains has been the creation of the Timor Friendship Committee, which in partnership with local services and residents helps support projects and programs in East Timor.

## **Supporting Refugees**

The current network of support in the Blue Mountains for newly arrived refugees and humanitarian entrants includes partnerships between health and community organisations and self-funded volunteer organisations such as the Blue Mountains Refugee Support Group (BMRSNG). This group takes a holistic approach, providing practical, financial and emotional support as well as accommodation and informal case management to ensure that refugee families and individuals can settle successfully in the mountains. The BMRSNG recently assisted refugee residents in accessing education, housing, employment information, and health and settlement services.

Relevant services can access support in identifying torture and trauma survivors, in addition to specialist counselling services and other programs for people with refugee or refugee-like backgrounds, through STARTTS and the NSW Refugee Health Service. Staff from STARTTS and the SWAHS MHN Western Cluster team recently conducted in-services with Blue Mountains Community Health staff on refugee health issues. Further workshops can be arranged with relevant services as the need arises.

### **4.5 Previous Research on Cultural Diversity in the Region**

One of the first research documents exploring the needs of CALD communities in the Blue Mountains was 'It's not such an Anglo population: residents of Non-English Speaking Background in the Blue Mountains' written by Carolyn Leigh in 1990 for MCRN.<sup>13</sup> The report highlighted the geographic isolation faced by Blue Mountains CALD communities from the many specific services provided in the Sydney Metropolitan area. It also identified the need for a locally based migrant access worker to support these communities, develop networks and assist in the development of appropriate services.

A study conducted in 1993 as part of the BMCC's Multicultural Forum<sup>14</sup> supported Leigh's findings, namely that there was a lack of recognition of the existence of a CALD population in the Blue Mountains and consequently an absence of planning and integration of their specific issues into service planning, policies and delivery. More recent research has echoed some of these earlier findings and also emphasised the wide range of needs of local CALD communities, influenced by their migration history, extent of family support and socio-economic background.

A 2002 research report by Blue Mountains Community Options focusing on CALD clients highlighted how communication and time can impact on the ability of services to meet the needs of CALD clients. Face-to-face communication was regarded as more effective than telephone or written communication, which required higher levels of English language competence. The report emphasised that more time was needed when communicating via interpreters and for effective case management, to allow for the exploration of cultural issues pertinent to the needs of the client and to the establishment of trust and supportive relationships.<sup>2</sup>

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A study on palliative care for CALD communities conducted by the former Wentworth Area Health Service in 2003 identified the need to raise awareness of how palliative care services can assist people caring for a family member with a deteriorating chronic illness.<sup>15</sup> In order to foster familiarity with palliative care concepts, CALD communities needed to be equipped with basic knowledge and information about palliative care services before they or their family or friends actually needed the service. The study found that information programs and associated health management strategies should incorporate culturally sensitive approaches to issues such as death and illness, and be flexible enough to allow families access to palliative care in settings of their choice, including the home. Brochures containing information on palliative care and details of local services were subsequently produced in 20 languages and widely distributed to relevant Blue Mountains agencies.

Focus groups were recently organised by the MRA with parents of adopted children from CALD backgrounds. Education campaigns against racism at schools were identified as a priority by some parents who felt that their children were being exposed to racist remarks and jokes at school. Parents noted a lack of both consistent strategies in place for dealing with these issues and of advice and support for parents on how to protect their children against racist behaviour.

A recent study on Mental Health issues for Spanish speaking women in the Blue Mountains, by the Blue Mountains Women's Health Centre<sup>16</sup>, identified some common perceptions among these women regarding counselling, including the belief that it is only for 'crazy' people, and involves the disclosure of personal information that should remain within the confines of the family. In this study it also emerged that a longer period of residence and familiarity with the health system in Australia might facilitate access to counselling services, although family networks (if available) remained a first choice for many.

Recent research looking at the presence of Chinese immigrants and their descendants in the Blue Mountains in the 19th and early 20th century<sup>17</sup> traced their unique place in the cultural, artistic and economic life of the mountains over several generations.

Several studies conducted since the early 1990's have examined how residents from CALD backgrounds access information about services, programs and activities.<sup>2,4,14,15,18,19</sup> These all identified similar strategies for promoting services, such as circulating information in English and other languages via local newspapers, ethnic radio, schools, health and medical centres and shopping malls. Other suggestions included developing a Blue Mountains Multilingual Newcomers' Kit and more welcoming activities for migrants by service providers.

**Study by Macarthur Diversity Services Inc.**

In 2003 Macarthur Diversity Services Inc. conducted an extensive study of the settlement needs and service gaps for newly arrived migrants in rural and semi-rural areas of the Nepean and Macarthur regions, and in 2005 produced a report entitled 'Rural-Urban Settlement in Macarthur and Nepean Regions'.<sup>4</sup> Its key recommendations included:

- the provision of services for CALD communities at a localised level in addition to outreach services;
- further DIMA funding to enable the Community Settlement Service Scheme (CSSS) to effectively support Blue Mountains residents from CALD backgrounds;
- capacity building strategies;
- direct funding for projects targeting CALD communities, and
- recognition of the additional support needed to implement projects in rural areas.

Consultations with service providers in that study emphasised the relationship between settlement infrastructure (such as English language programs, Migrant Resource Centres and CALD caseworkers) and the settlement of new migrant communities in certain areas. It concluded that the relatively low percentage of newly arrived migrants and refugees settling and remaining in the Blue Mountains indicated a need to develop appropriate service infrastructure in order to attract and maintain greater settlement of CALD communities.

Through the Macarthur Diversity Services study, service providers identified a range of barriers to CALD consumers accessing their services. These included the cost of private travel to out-of-area education and training services, difficulties accessing interpreters, the absence of a CSSS worker for the Blue Mountains - particularly to provide case management, and the absence of systematic information sharing on the range of support available to specific migrant groups and services.

### **Research about Older Residents and Vulnerable Groups from CALD Backgrounds**

In 2000, the Blue Mountains Community Settlement Service Scheme at MCRN produced a report entitled 'Identified Settlement Needs of Older Migrants in the Nepean Area'<sup>18</sup> which identified age as an important variable when assessing the needs of CALD communities. Older people were found to have specific needs with respect to culturally appropriate age-related services (such as HACC and health services), pre-retirement financial planning, paramedical services, financial and accommodation assistance, and information about pharmaceutical products and medications. Older people from CALD backgrounds were also identified as being at risk of isolation and mental illness, and in need of specific services that could provide recreational and social activities in a culturally and linguistically appropriate manner.

A more recent study<sup>19</sup>, which focused on the needs of CALD carers in Western Sydney, found that fear of institutionalisation was a factor inhibiting older people from CALD backgrounds from disclosing their needs, and contributing to them minimising their plight with statements such as 'I can manage'. The study also drew attention to the tendency among some carers from CALD backgrounds, particularly older people and those in vulnerable positions, to avoid seeking help so as not to draw attention to their specific problems. This highlighted the importance of services being proactive rather than waiting until their services are requested, and called for personalised information to introduce people from CALD backgrounds to services and reduce the stigma sometimes attached to the recognition of need.

Reaching the most vulnerable CALD groups - such as older people and homeless people living in isolated areas, supported accommodation and shelters - remains a challenge for many services.

#### **4.6 Rationale for the 'East Meets West' Project**

'East Meets West: Exploring Cultural Diversity in the Blue Mountains' came about largely due to concerns among service representatives attending the MMI about how to best engage with and respond to CALD residents of the Blue Mountains in the absence of a locally based, locally focussed multicultural worker. The Sydney West Area Health Service's Multicultural Health Network (SWAHS MHN) was aware of these concerns, and commissioned the 'East Meets West' project in March 2006 to provide direction for SWAHS and other services based in the Blue Mountains and to ascertain what resources and strategies would enhance the capacity of agencies to meet the needs of local CALD communities.

The project researcher was appointed on a contract basis to:

- Plan and devise questions for focus groups
- Conduct focus groups with a range of teams, residents and interagencies
- Provide a progress report after three months with a brief overview of findings
- Complete a detailed report on the issues identified via the focus groups, with recommendations on how to address them
- Meet with service providers to identify strategies for implementing the recommendations
- Plan an event or forum, to which those attending focus groups would be invited, to facilitate networking between service providers and CALD residents.

Among the issues that MMI members identified for further exploration were:

- points of entry for CALD families into mainstream services in the Blue Mountains
- current models of services outreaching from Sydney to meet local CALD needs
- the capacity of mainstream services to deal with specific needs of refugees and humanitarian entrants, and the infrastructure required for them to do so
- initiatives that would enhance the settlement experiences of CALD communities in the Blue Mountains
- the perceived needs of CALD residents, how they hear about services, where they go for support and what kind of information they find useful
- what casework support is available or needed
- advocacy and referral issues.

## **5. Methodology**

### **5.1 Overview**

The 'East Meets West' project employed a qualitative action research methodology. Action research is 'a family of research processes whose flexibility allows learning and responsiveness'.<sup>20</sup> It is a dynamic process whereby participants are 'active players' rather than passive subjects, and there is flexibility to respond to the emerging needs of the situation. Information obtained can be reflected upon and can then change the course of the research.

The main issues as identified by the Blue Mountains residents from CALD backgrounds were explored predominantly via individual, semi-structured interviews, and in some cases via focus groups. The views of a range of service providers from health, other government and non-government organisations were explored through focus groups.

The aim of these interactive processes was to explore how cultural diversity is experienced by service providers and residents, what issues concern them regarding access and equity, and what strategies and resources are needed to maximise the effectiveness of service delivery and to address gaps in service provision for CALD residents.

This project was informed by cultural research methodology, which complements qualitative research methodology by allowing analysis of qualitative information in ways that position culture as central to all the interactions taking place. The focus is on exploring the cultural context in which interactions between service providers and service users occur rather than just the barriers CALD residents face in relation to health, community and other services. There is recognition that all parties bring cultural viewpoints and values to their interactions, and therefore that Anglo-Australian service providers and residents are not neutral and culture free. This approach has been applied in other recent cultural research in Western Sydney.<sup>19</sup>

A Project Advisory Committee was set up to help scope and oversee the project, to assist in devising the questions to be asked of participants and to provide support and advice. The committee comprised staff representatives from SWAHS MHN Western Cluster, MCRN and a member of MRA.

MMI members also provided direct input and feedback through discussion of the project at its quarterly meetings, via a focus group, through responses to a tailored questionnaire and by supporting the activities that arose from the project. These activities included information sessions for the Filipino community and an event organised to bring services and CALD communities together to provide an update about this project. Representatives from various local services assisted with organising this event, and commented on the draft report at different stages.

## **5.2 Consultations with CALD Residents**

Interviews and focus groups with CALD residents were conducted from July to October 2006. Potential participants were identified and contacted via the MRA, Blue Mountains TAFE College and the MMI, by word of mouth and via direct contact with local services and organisations.

Individual interviews were the preferred format for consulting with most CALD residents because:

- Initial consultation with representatives of MRA indicated that most participants would be more open and at ease in a one-to-one interview than in a group setting as they might feel inhibited about discussing with strangers issues that might be of a personal or sensitive nature.
- The number of people in the Blue Mountains speaking particular languages is small and they are scattered across a wide area, so successfully holding language specific focus groups would have been challenging.
- Many residents work or have childcare responsibilities, so finding mutually convenient times for focus groups would have been difficult.

Two focus groups were conducted – one with nine residents from Filipino backgrounds (see Appendix 3) and another attended by three residents from Polish backgrounds. The discussions were quite lively and participants seemed to enjoy meeting others and sharing their views, experiences and ideas.

In total, 34 CALD residents were consulted for this project. Their countries of birth included Chile, China, Columbia, Ecuador, France, Germany, Ghana, Greece, Iran, Iraq, Japan, Korea, Lebanon, Peru, the Philippines and Poland. There were 4 men and 30 women interviewed, with ages ranging from 21 to 75. They had varying support networks, English language proficiency, caring responsibilities and length of residence in Australia. Participants included recently arrived and long-term migrants and refugees.

It transpired that participants were sufficiently fluent in English to not require interpreters. The questions were open ended to facilitate engagement with the issues and exploration of topics of most concern to the interviewees (see Appendix 4).

All efforts were made to involve a broad cross-section of the CALD community in the Blue Mountains. However, due to the diversity and geographically dispersed nature of the community and the scope of the project, a random sample that was fully representative of the local CALD population was not achieved.

Country of birth & number of participants	
Chile	2
China	2
Colombia	1
Ecuador	1
France	2
Germany	4
Ghana	1
Greece	1
Iran	2
Iraq	1
Japan	1
Korea	1
Lebanon	2
Peru	1
Philippines	9
Poland	3
<b>Total</b>	<b>34</b>

Figure 3

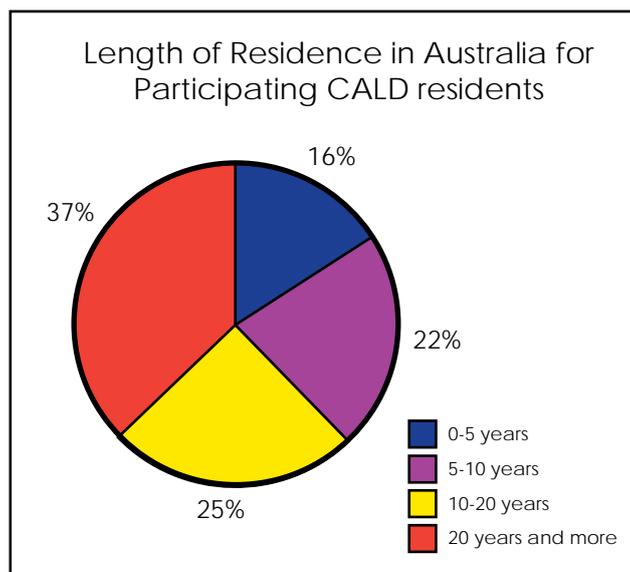


Figure 4

As Figure 4 indicates, the majority of residents interviewed have lived in Australia for ten years or more.

### **5.3 Consultations with Service Providers**

Service providers from a range of local services were invited to participate in focus groups. An invitation in the form of a flier (see Appendix 5) was circulated through multicultural and mainstream service interagencies and email groups, and by direct mail to some service managers requesting that they encourage their staff to attend. A questionnaire (see Appendix 6) was distributed to workers attending the Mountains Community Interagency and the Blue Mountains HACC Forum. Attendees were asked to complete it, whether or not they could subsequently attend a focus group. In total, 40 of these questionnaires were distributed and 13 were completed and returned. The responses are reflected in the research findings.

Two locally based general practitioners from CALD backgrounds were interviewed individually, and 52 service providers were consulted via focus groups with the following services and interagencies:

- Blue Mountains City Council
- Blue Mountains HACC Forum
- Great Community Transport
- Lawson Community Health Centre
- Mid Mountains Community Centre
- Mountains Multicultural Interagency
- Springwood Community Health Centre
- Springwood Hospital
- Springwood Neighbourhood Centre

There were between 5 and 12 service providers at each focus group, and the sessions were from 2 to 4 hours in duration.

Each focus group with service providers opened with an invitation for participants to explore and share something of their own cultural backgrounds and identities. This was designed to generate dialogue, in an attempt to move the framework for discussion from one of perceived cultural neutrality to one where all participants could acknowledge that they have a cultural lens through which they filter their life experiences and views. Following this exploration, participants were asked to discuss a number of questions as a group (see Appendix 7). Open-ended questions were used to encourage discussion and analysis of issues from a service provider's perspective.

Workers participating in the focus group held as part of the MMI meeting were also asked to complete a tailored questionnaire on cultural diversity issues at the conclusion of their session (see Appendix 8). Their responses are also reflected in the research findings.

#### **5.4 Issues Affecting the Gathering of Information**

Work and carer responsibilities and other commitments impinged on some of the interviews with CALD residents, limiting time available to cover a large number of issues. Promotion of the project through local networks and communication channels could not guarantee that information about the study reached all potential participants. Isolated CALD individuals without family or social networks and with limited English language literacy remain difficult to access. Future research targeting this particular group would need to incorporate alternative strategies for identifying and reaching these individuals.

Some focus groups with service providers were constrained by time pressures, resulting in several important discussions being left unfinished. Work commitments also affected the ability of some staff to participate, especially those who deal directly with clients and whose feedback and participation in the study were essential. Nevertheless services did commit themselves to the study. Participating service providers showed great interest in discussing cultural diversity and the needs of CALD residents. These discussions proved very engaging and lively. More time could easily have been allocated for further exploration of many of the issues, including the participants' own cultural identities.

#### **5.5 Community Meeting for Participants**

In late 2006, at the conclusion of the research phase of the project, a community meeting was organised to give participating service providers and CALD residents an opportunity to meet each other and to hear feedback about the project's progress. There was also some sharing of culture, with dance and musical performances and presentations by residents outlining key aspects of their respective cultures. Invitations to this meeting were sent to all participants (see Appendices 9 and 10).

## **6. Findings from Consultations with CALD Residents**

These findings are grouped by theme: each includes quotes, other observations and discussion, followed by a summary of main points and recommendations.

### **6.1 Health**

Some of the main health issues identified by participants related to mental health, access to dental care, the important role of GPs, the importance of traditional medicines and different approaches to health. Following is a discussion of some of these issues.

#### **Mental Health**

Issues associated with depression, trauma and loss of self-esteem were identified as affecting some participants, particularly those living in isolated areas, the unemployed and women caring for children and other family members with limited or no support. Some people who had recently arrived in Australia and had no family or social support networks expressed feelings of depression and homesickness, along with uncertainty as to where they could get support.

'I started to develop panic attacks and felt that no one wanted to talk to me because they looked at me and saw I wasn't from here and they avoided me.'  
(Resident from Ecuador).

'I had no friends or work in the mountains ... my friends were in Sydney so I started to feel depressed and went back to Sydney.'  
(Resident from Chile).

'When I came here I lost a sense of who I was ... I always smiled at everybody trying to be accepted but I still felt rejected ... in my country we welcome foreign people and look after them ... here I expected the same but found people don't like foreigners.'  
(Resident from Peru).

Some respondents indicated that they consider counselling as being for people who are 'crazy', and involving disclosure of personal information. When in need of support, they would turn to family members. These findings echo those of the study on Mental Health issues for Blue Mountains Spanish speaking women.<sup>16</sup>

'I started using counselling when I realised nobody understood my problems ... my family couldn't help me so I went to a counselling service for women.' (Resident from Chile).

'I have a friend from China so if I have a problem or need support I ring her... I also contact my family in China through the Internet ... we chat every day using the chat room so I don't go to services.' (Resident from China).

Some respondents had faced trauma in relation to their refugee or settlement experiences, placing them in a very vulnerable situation. They felt that no one in Australia understood their problems and that family members back home should not be 'burdened' with their problems. On the contrary, they felt an obligation to 'put on a face' for relatives back home and give them emotional support, leading to a situation in which their own emotional needs were neglected and suppressed, manifesting in other ways such as lack of motivation and direction, poor concentration and social withdrawal.

'Sometimes I remember... it is so hard ... I just try to forget ... I try not to remember ... I deal with it by not thinking about it. I ring home and tell my family how happy I am here.' (Resident from Ghana).

'I get depression and I move away from everyone ... who wants to listen anyway?' (Resident from Chile).

These examples should alert us to the complex factors that impact on mental health and the diverse range of strategies people might adopt in order to cope.

A common theme to emerge was the important contribution social and recreational activities make to a sense of wellbeing and belonging. These include sharing stories and settlement experiences, exchanging ideas and information, and participating in cultural and other activities in a positive and safe environment.

'We rarely use services in the mountains because we really don't know about them and we don't like to go into government but I tell you what we like ... Karaoke, everybody comes ... we women also like dancing and if we had a place to meet and money we could organise these activities more often.' (Resident from the Philippines).

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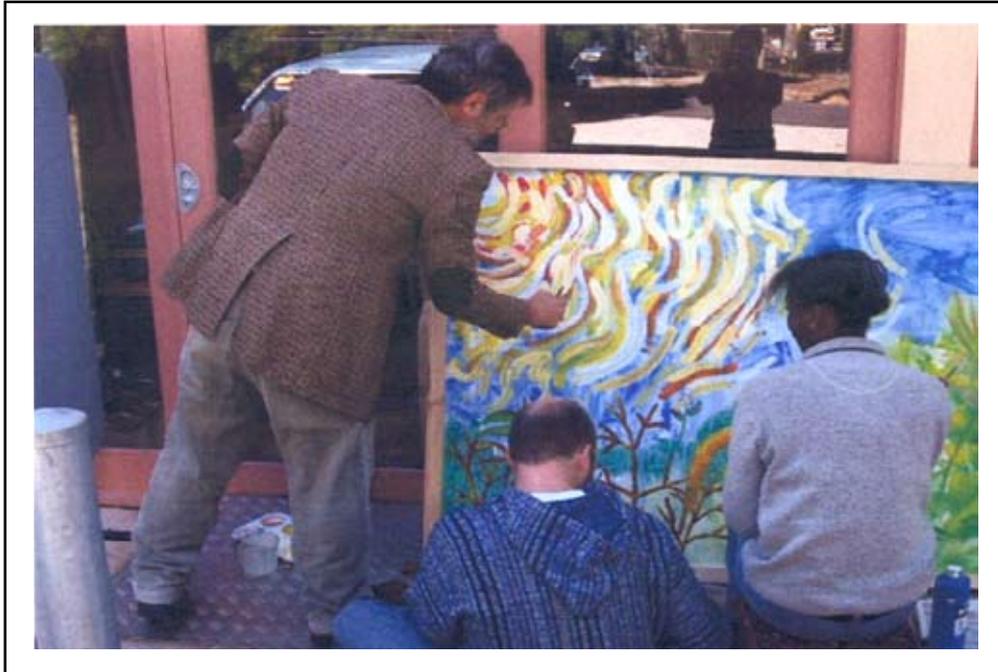
CALD residents who participated in the 'Nature through Fresh Eyes' project indicated that this model of mental health promotion, which used educational and social activities to engage with and link people to each other went some way towards addressing some of their needs and enhancing their wellbeing. 'Nature through Fresh Eyes' was also memorable as it gave participants opportunities to reminisce and share stories about the environments in which they grew up and to learn about Indigenous culture. They were encouraged to express themselves verbally, visually and in writing.



Participants in the 'Nature through Fresh Eyes' project on a guided bush tucker walk with Bundeluk, a Darug traditional owner.  
(Photo courtesy of MRA, 2006).

'I liked the walk in the bush because I learnt that here you don't cut trees for the fire ... I didn't know that. I thought I could pick the axe and cut any branches or trees for the fireplace.' (Resident from Ghana).

'We need more opportunities like this to meet others ... We don't see other migrants otherwise ... so I always enjoyed coming to the workshops.'  
(Resident from Ecuador).



Members of the MRA painting a collaborative mural during the Nature through Fresh Eyes project  
(Photo courtesy of MRA 2006)

'I think this was the first time in many years that I felt I was doing something I felt proud and happy about it.' (Resident from South Korea).

'People recognised my ability and my talent ... Australians don't know that we migrants have a lot of expertise and knowledge.' (Resident from Iraq).

'I feel connected to others through art and that's why I enjoyed being part of the project.' (Resident from Chile).

These responses indicate that mental health programs modelled on principles that recognise the link between mental wellbeing and active engagement with the community and environment have the potential to benefit CALD residents on a number of levels.

## **Dental Care**

Better access to affordable dental health services was identified as another health priority, mainly by older respondents and newly arrived migrants and refugees. Unaffordable and poor quality dental care can result in people suffering pain, losing their teeth or having to neglect other basic needs to meet their dental care costs. There was limited knowledge of free dental services provided at local health facilities, and those respondents who were aware of these were generally disappointed by the long waiting lists for such services. The quality of public dental services was questioned as some residents had had negative experiences.

'I lost all my front teeth a long time ago and I got these dentures from the hospital ... they are no good, they hurt my gums and I waited more than six months to get them done ... it is a free service but I can't use them, so what is the point? ...' (Resident from Germany).

'For my community one of the biggest problems is the price of going to the dentist. The first thing we need to do once we have accommodation in Australia is to get our teeth fixed.' (Resident from Ghana).

## **General Practitioners**

Numerous respondents identified the importance of a close relationship with their local GP and the benefits of having access to bilingual health and community health workers, nurses and doctors. The Blue Mountains currently has a limited number of health workers from CALD backgrounds, including GPs and nurses.<sup>11</sup> Previous research on the cultural mix of health workers has identified a number of benefits deriving from a bilingual and bicultural health workforce, including better understanding of health models and illness, and the role traditional medicine and health beliefs play in decisions to access western medicine.<sup>21</sup>

Some participants said that on occasions when their doctors had no appointments available for a day or two, they had gone to the Emergency Department and waited for hours to be seen. They were not sure what would be considered as urgent. Some had expectations that doctors could assist them in accessing all sorts of services, given their perceived status and influence in the community.

'My doctor contacted community transport on my behalf and got the service I needed. Without his help I don't think I would have got anywhere.'  
(Resident from Lebanon).

This translated into more visits to the local GP for case management and referral, not just in relation to specific health problems. This was particularly the case when the doctor came from the same cultural or linguistic background. Given the importance of this relationship, and the fact that doctors often constitute the first point of entry of CALD residents into the health system, it is important for area health services and other services to foster new partnerships with local GPs, and ensure they have access to up-to-date referral information on community, government and health services, including interpreter services and multicultural health programs.

### **Different approaches to Health**

Some participants spoke of traditional remedies and practices that were used in their home country or their family environment.

'I am a strong believer of traditional remedies ... I never go to the doctor and if I go I don't take what they give me ... ' (Resident from China).

'Where I grew up, we believed that the best way to cure any illness is by rubbing Vicks Vaporub, and we used it for everything.' (Resident from the Philippines).

Acknowledging and discussing the importance of traditional health practices can be an effective way of engaging residents from CALD backgrounds with health services.

Models of health service provision vary greatly from country to country. People from some cultures may not know what allied health or other health related services in the community are, let alone how or when to access them.

Some people may not be familiar with different models and may not perceive health promotion and health screening programs as being relevant to them. In the last 20 years, education campaigns in Australia about the merits of preventative health and early detection have increased general awareness and participation in preventative health therapies. However, changing how people approach health is a long-term process, and socio-economic and cultural factors may influence the outcomes.<sup>21</sup>

'I have never had a breast cancer screen or a pap smear ... they send leaflets telling we should have these tests but we never had them in Colombia and I never heard of anyone there dying of breast cancer. ' (Resident from Colombia).

'Whenever someone in my family is sick, we go to the GP first, or if it is serious we go to the emergency department. We don't understand what all the other health services do.' (Resident from the Philippines)

Counselling services, respite care and preventative health programs are informed by values and beliefs regarding self-care, family responsibility and disclosure of personal issues to professionals which may differ from the way in which some cultures address them. This can lead to differing expectations of what services provide and apprehension about approaching them for assistance. Culturally diverse models of health promotion and delivery can help engender more personalised and holistic approaches to health.

### **Discussion - Health**

Social and recreational activities can help in preventing or reducing mental health issues such as depression, low self-esteem and isolation, as well as providing space for reflecting on and sharing common experiences. Projects such as 'Nature through Fresh Eyes' have demonstrated the effectiveness of this approach. Further social, environmental and recreational programs need to be developed and funded to enhance the mental wellbeing of CALD residents and strengthen their sense of belonging and connection to the Blue Mountains community and environment.

Limited English language skills and familiarity with the health system in general, along with lack of knowledge about entitlements to services can make it harder for residents from CALD backgrounds to negotiate services and express urgency so as to receive priority treatment when warranted. Health service providers need to consider how these difficulties may impact on CALD residents and to develop strategies to make information on their services, including what to do in an emergency more readily available and relevant.

Difficulty accessing affordable dental care and the lack of information about free dental care were identified as important issues, mainly by older CALD residents and newly arrived migrants and refugees. It is important that SWAHS actively promotes its dental services to CALD communities, and informs them of the Area Health Service Priority Oral Health Program (POHP), which prioritises patients according to their individual dental needs and is available through public dental clinics in Katoomba and Springwood.

General practitioners play an important role in linking CALD residents to community, government and health services. New strategies are needed to ensure that local GPs have up-to-date information on existing services and translated resources for CALD patients to better meet their needs. These strategies could include circulating relevant information to local GPs via the Blue Mountains Division of General Practice's monthly newsletter. The After-hours GP Clinic proposed for the Blue Mountains should be actively promoted to CALD residents if it goes ahead.

Health services should consider developing more flexible programs, taking into account different approaches to issues like carer responsibilities, palliative care, family relationships and the role of traditional medicine. Rather than taking a 'one size fits all' approach to health promotion and preventative health programs, health workers need to consult with multicultural health services and consider the cultural practices of the target CALD communities, to ensure their efforts are as relevant and effective as possible.

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When designing and delivering health education and preventative health information strategies it is important to bear in mind different approaches to health and healthcare among culturally diverse communities. In many cultures the use of traditional medicine and therapies reflects a holistic philosophy about the body, which might not concur with western medical approaches to illness and health, and might discourage some people from participating in programs aimed at prevention and early intervention.

Misunderstandings may arise between CALD individuals or communities and health services due to different perspectives about, for example, mental health, ageing and medical intervention. Health information sessions targeting CALD communities could incorporate some discussion about traditional medicines and beliefs about the connection between the mind and the body and attitudes towards health and illness. Broader approaches to health that recognise the importance of life satisfaction and social connectedness to wellbeing may engage CALD residents more than focusing solely on the treatment of illness.

A multicultural health worker based in the mountains could play a vital role in linking CALD communities with mainstream and multicultural health services. Sydney West Area Health Service should consider employing a Multicultural Health Worker based locally to provide liaison and referral, to advise health workers (including GPs) of relevant resources and referral pathways and to identify and plan more engaging and relevant health promotion projects, partnerships and strategies to enhance the health and well-being of CALD residents. SWAHS MHN also needs to continue promoting its services to SWAHS staff in the mountains and developing strategies to ensure that existing programs are adapted if necessary to reach more isolated CALD communities.

### **6.2 Cultural Identity and a Sense of Place**

Most participants, and in particular longer-term residents indicated that they chose to settle in the Blue Mountains largely because of its beautiful landscapes, ecological and environmental resources and lifestyle. More recent migrants tended to express their connection with the natural environment by finding points of reference with their homeland.

'In the bush here you see many more flowers than in Ghana ... but the flowers there are bigger, they make like a tree of big flowers ... and here you don't cut the flowers but go on a walk and look at them.' (Resident from Ghana).

'I am scared of the bush ... my husband takes me to bush walks but I am afraid of insects and snakes so I don't go much ...but I like to live close to nature. It is the ideal environment.' (Resident from China).

Some residents had a sense of apprehension and fear in relation to the bush, seeing it as a place where people get lost easily, and home to dangerous creatures. This prevented them from enjoying this local natural resource more fully. Despite this, all the participants identified proximity to the bush as an important reason for living in the mountains and would welcome opportunities to participate in activities that would increase their knowledge of the local environment. This indicates potential for

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actively including CALD communities in bush walks and bush care, and environmental educational tours and forums to foster links with other local residents and services. Other factors that attracted participants to the mountains included the clean air and slower pace, affordable housing, social support networks and perceptions of the mountains as being more community oriented than the large cities. Some observed that there are currently fewer opportunities locally than previously for activities that encourage cultural exchange between diverse communities in the mountains. Some participants interpreted this as a regression.

'I came to the mountains about 20 years ago and at that time there were not many migrants at all but there were more multicultural events. The neighbourhood centres used to have a multicultural lunch once a month. I don't know why they don't do it anymore.' (Resident from Iran).

'Second language programs are being taken away from schools, also the canteens at schools sell mainly pies and donuts ... where is the diversity? Slowly they are closing all the avenues to ensure cultural diversity ... and the result is an increase in racism and intolerance.' (Resident from Iran).

Some respondents considered themselves to be part of a particular township community and viewed activities conducted in other townships as less relevant and significant to their social and community life. Another issue raised was the tendency for multicultural activities to take place in Lawson and the upper mountains, but rarely in the lower mountains.

'I am a Hazelbrook resident; all my friends live here, Anglo-Australians mainly. When I say the Blue Mountains I mean Hazelbrook, it is my community. I go to events here but not anywhere else.' (Resident from Iraq).

'We feel that here in Springwood we live in a very Anglo-centric culture, same as in Blaxland ... if there are multicultural events they never happen around here where they could be really beneficial for the entire community.' (Resident from China).

Perceptions that some townships are more pro-active and engaged with their residents than others, through local cultural events and community programs, reflect in part the uneven distribution of services across the mountains and the challenges posed by the geographical landscape and spread of small towns along an extended highway. Some respondents believed it is up to the individual to take the first steps in connecting with the broader community, to ease concerns and inhibitions regarding new migrants.

'You don't sit to wait for people to come to you. You have to go to them to break the prejudice ... people here have a strong sense of community so it is easier to make bridges.' (Resident from Iraq)

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Some also identified the uneven distribution of 'CALD friendly' services in the mountains. The commitment to cultural diversity and social justice principles among community and government sector managers, management committees and staff is not uniform. This leads to rather patchy resource development, strategies and practices for making services accessible to diverse communities, with some organisations being more pro-active and engaged in access and equity issues than others. Residents from CALD backgrounds may rely on services that are more sensitive to their needs, and under-utilise other services perceived as less 'friendly' or culturally sensitive but which might in fact be more relevant to their needs.

'The teachers at TAFE are very understanding and give me information .... I don't tell anyone else my problems ... I went to counselling but I didn't feel it was for me, it's not the way we do things.' (Resident from Peru).

'I don't use respite care because it is not flexible, they want you to fit their service.... but I use community transport sometimes.'  
(Resident from Poland).

Some participants also referred to the need for reflection on how people from CALD backgrounds are or are not portrayed through local media and other institutions and how this influences the way in which cultural diversity is understood and appreciated.

'In the local paper they don't write good stories about migrants but if someone from a CALD background does something wrong, it is on the front page, so everybody associates negative stories with migrants.'  
(Resident from Anglo-Chinese background).

The sampling and sharing of foods from different cultures can help break down cultural barriers. Participants in the focus group for Filipinos commented on the difficulty accessing some of their cooking ingredients in the mountains and suggested establishing a local Asian food co-op. Further exploration of the potential of such a venture, or for other projects with food as a central theme could help bring people from different cultures together.

To foster a sense of belonging and visibility for CALD communities in the Blue Mountains, more attention needs to be focused on the importance of the local links these communities make with their townships and physical environments and the distribution of services and programs across the mountains. Additional resources need to be allocated for developing local events, activities and opportunities for cultural exchange between local CALD residents and the mainstream community.

### **Discussion - Cultural Identity and a Sense of Place**

Many participants identified social and cultural interactions as essential for successful settlement and developing a sense of place. Further activities and projects that encourage CALD residents to explore common reasons for settling in the mountains could enhance their sense of belonging and their participation and engagement with mainstream services.

Participants expressed interest in learning more about the natural environment. Existing activities such as environmental tours and bushwalking could be made more inclusive for CALD residents, or further projects could be developed to increase their understanding of the local natural environment and environmental sustainability.

It is important to acknowledge that many CALD residents consider the Blue Mountains as home and are making significant contributions to the economic, cultural, artistic and community life of the mountains. Partnerships need to be developed between CALD communities and local media to convey positive stories about their contribution to the area, and promote a balanced view of migrants and of cultural, religious and linguistic diversity.

There is scope for the development of projects with food as a central theme, to highlight diversity and help bring people from different cultures together.

It would be timely to arrange some multicultural events in the lower mountains.

### **6.3 Employment and Training**

All participants identified the securing of meaningful employment as an important milestone in successful settlement, not only in material terms, but also for engendering a sense of accomplishment, and recognition of skills, training and previous experience. However, financial necessity compelled many to take jobs below their level of skills and experience and to adjust their work expectations in Australia, and more specifically in the Blue Mountains. The pathway for finding more suitable employment was unclear for some.

'I found a job in a Chinese restaurant but my profession is teacher ... I never worked in a restaurant before but I don't think I will ever be a teacher here ... I would like one day to work in an office.' (Resident from China).

'I used to teach children with disabilities but here I don't know how to do it because I am not familiar with the Australian educational system.'  
(Resident from Ecuador).

Some skilled migrants who were consulted did not know of any specialised local services that could assist them in obtaining recognition of overseas qualifications and finding employment in related areas. The scarcity of accessible and timely career advice and guidance was identified as a barrier. Those participants attending English language classes at TAFE indicated that they could seek support and information from their teachers regarding employment opportunities.

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Newly arrived migrants and refugees (i.e. those with up to five years' residence in Australia) expressed a need to 'be part of' the community, including feeling competent in communicating with Anglo-Australian people and contributing socially and economically through paid employment. Some felt constrained in the types of jobs they could apply for due to limited English language skills.

'I work part-time in a nursing home and we have workers from many nationalities. I think many migrant women work in nursing homes because they don't need to speak perfect English and it's not too hard to get a job there.' (Resident from the Philippines)

Difficulty accessing any type of employment in the Blue Mountains was identified as a significant factor affecting the prospects of long-term settlement in the area. Limited participation in the work force added to a sense of isolation and alienation from mainstream society.

'I left the Mountains and went back to Sydney because I couldn't find a job here ... I came back because I got depressed in Sydney and now after 1 year unemployed I got a job as a landscape gardener ... I am an engineer by profession but this job suits me well...' (Resident from Chile).

'It was through the shop that I got to know the community and they got to know me. If I hadn't had the business I think I would never have felt part of the community.' (Resident from Iraq).

'The new families left one after the other because they couldn't find employment, and down in Sydney they had better chances ... they also felt isolated and had financial problems.' (Refugee advocate).

Some of the women interviewed were seeking employment in, for example, hospitality, cleaning and factory work but did not know the processes involved in finding and applying for these jobs. For some working in family businesses such as restaurants, food outlets and farms, work responsibilities were perceived as preventing them from developing new skills and accessing training aimed at more personally and financially rewarding careers.

'I came to work in my husband's business and he does not want me to seek another job, so I am totally dependent on him.'  
(Resident from the Philippines).

Some women from CALD backgrounds in effect provide unwaged labour, with limited or no access to entitlements like annual holidays, sick days, superannuation and occupational health and safety, which places them in a vulnerable position. Most women interviewed did not know the implications of the new industrial relations laws.\*

Several CALD women married to Anglo-Australian men identified the need to access training and information on how to start their own businesses, in areas such as catering and producing and selling food products in order to become financially more self-sufficient and less reliant on their husbands or Centrelink for support.

### **Discussion - Employment and Training**

Access to career information programs and meaningful employment was a priority for many of the interviewees. Under employment and unemployment of qualified CALD residents in the mountains can contribute to low rates of long-term settlement in the mountains as migrants opt to move to the larger cities in search of employment. There is scope for relevant local services to develop programs to assist CALD residents, in particular newly arrived communities with obtaining recognition of overseas qualifications, identifying career pathways in Australia, gaining local work experience, and setting up their own businesses and small enterprises.

Women from CALD backgrounds may become 'stuck' in unskilled and underpaid roles, with limited time and scope to learn new skills. CALD women seeking employment in areas such as hospitality, cleaning and factory work did not generally know the process involved in finding and applying for these jobs and were not aware of the implications of the new industrial relations laws. Strategies need to be developed to inform CALD residents and in particular, women in casual, low paying positions about the new industrial laws, and their rights as employees, and to assist them with award setting and bargaining for individual agreements to ensure they are not disadvantaged in the negotiation process with employers. Bridging courses for CALD women who have become 'stuck' in unskilled and isolated roles need to be more accessible locally.

Further research could be undertaken to ascertain the numbers of women from CALD backgrounds working in the care sector (both as carers and for example in nursing homes) to identify their support needs, document some of their experiences and highlight their hidden contribution to the community.

Given the popularity of the Blue Mountains as an international tourist destination, there may be scope for local CALD residents with relevant language and other skills to gain work experience in tourism and hospitality. Programs that provide support and mentoring through the process could prove effective in attracting and retaining a new

\* A recent report by the Queensland Government on the impact on women of the Work Choices industrial relations reforms highlighted the specific difficulties women from CALD backgrounds face when having to negotiate individual contracts with employers. The issues of award setting, bargaining for individual agreements and loss of entitlements are likely to disproportionately affect CALD and Indigenous women. "These groups of women may be even more likely to be in casual, low paying positions with low bargaining power, and difficulties with language and literacy skills will make effective bargaining less likely".<sup>22</sup>

pool of workers. More initiatives could be developed through partnerships between local government and the business and tourism sectors to facilitate and improve the settlement of CALD communities in the Blue Mountains. These might include exploring opportunities for linking CALD residents who are setting up their own businesses and small enterprises with mentors and networks in the business and tourism sectors.

#### **6.4 Perceptions about Rights, Entitlements and Responsibilities**

Some participants were reluctant to seek assistance from services. This was in part due to lack of awareness of services that could address their specific issues and also due to perceptions that Australia has already given them a lot by allowing them to live in this country and that their gratitude can best be shown by avoiding seeking further assistance. Some respondents expressed ambivalence about using services like health care or community care as they felt that they wanted to 'give back to' rather than 'take from' the government and Australian society. These responses echo those in previous studies.\*

'I am very grateful for everything Australia has given to us.... the rest we can manage' (Resident from China).

Active engagement with services, including initiating contact and negotiating service delivery, requires not only a functional knowledge of English and the culture of service provision, but also a strong sense of rights and entitlements.<sup>24</sup> This is reflected in the reluctance of many CALD patients approaching health services to request or acknowledge that they need an interpreter, opting instead to 'get by' with their level of English. They may not be aware that they have both a right and a responsibility to communicate via a Health Care Interpreter and that this service is free and confidential. Lack of information and knowledge of entitlements, or confidence in exercising them can have quite serious consequences for both service users and providers.

Women in vulnerable positions, including those on provisional visas or who are newly married and on spouse visas, may be less inclined to report instances of domestic violence, abuse, depression or illness if they fear this might interfere with their permanent residence application. This was borne out in this study. Some participants indicated they knew of women who remained in violent relationships, unaware that they could seek assistance with obtaining a visa exemption in special cases, or reluctant to do so for various reasons.

#### **Discussion - Perceptions about Rights, Entitlements and Responsibilities**

Newly arrived residents need more ready access to information about their rights and entitlements, how different institutions such as health, immigration, housing and education operate, how to access interpreters and the protection provided by confidentiality and privacy laws. Services including Health, Legal Aid, Centrelink and

\* The cultural positioning of CALD individuals, along with other factors such as gender and socio-economic status, may shape their understanding of their entitlement to seek support from services, and their confidence to do so. There may be reluctance to ask for support in order to avoid drawing attention to oneself or being perceived as 'asking for too much'. This can be particularly relevant to carers from CALD backgrounds and women migrating to Australia as brides, refugees and humanitarian entrants<sup>19,23</sup>

Interpreter services should target CALD communities for information campaigns on topics such as entitlements to health services, housing, welfare rights, interpreters, immigration advice and confidentiality. This could foster greater trust and access to services, so that appropriate steps can be taken without fear of jeopardising citizenship applications or visa status, or of being perceived as 'asking for too much'.

### **6.5 Accessing Information**

As mentioned earlier, residents from CALD backgrounds rely on a range of sources for information, including local papers, ethnic radio, schools, health and medical centres, shopping malls and word of mouth. In addition to these, this project has identified the importance of personalised strategies in reaching CALD residents who do not access information through local newspapers due to language barriers, poor literacy levels or a cultural preference for verbal and personalised forms of communication.

'I only find about services through my friends ... they tell me if it is good and then I use it ... that's how I started going to a playgroup.' (Resident from the Philippines).

'Some of the refugees are illiterate in their own language so they rely on others to give them information.' (Refugee advocate).

'I want someone to explain things, not just give me a pamphlet and walk away.' (Resident from Poland)

'Everybody is so busy now... there is not time to care... to sit and have a talk like we are doing now.' (Resident from Germany)

The previously funded Community Settlement Service Scheme project worker was well known to and trusted by many of the established and emerging communities in the mountains. Locally based, this worker served as a link to mainstream services and as a source of emotional support, particularly for women in vulnerable positions.

'The worker would come and visit me and take me to services ... that is how I started to become familiar with services.' (Resident from Ecuador).

Some respondents indicated that the absence of such a worker had impacted negatively on their ability and confidence to access services. Some, especially those who had lived in the Blue Mountains for ten years or more, accessed information through the local newspaper as well as via notice boards, medical and community centres and by word of mouth. However some respondents were not accessing information about essential services and support due to language barriers and lack of translated information. In many cases, happenstance led them to important or relevant information about services. Reliance on family members for information about what services are available and how systems work here was an issue, particularly for newly arrived women married to Anglo-Australian men.

'Australian men don't know anything about services for women ... not even about Centrelink ... my husband did not tell me about Centrelink and only a year after I arrived I found out about this service and it was by talking with someone at the church.' (Resident from the Philippines).

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Information strategies targeting members of the Anglo-Australian community, including the partners and family members of CALD residents, could enhance their capacity to provide support and information. Personalised approaches, such as informal discussions with specific groups, home visits, items in school newsletters, open days and tours of local services, as well as presenting translated information in local newspapers and on local radio would help ensure that information barriers to service usage are overcome. Open day activities could increase CALD residents' understanding of what an organisation provides and how to access its services, as well as dispelling doubts and fears regarding initial contact with service providers.

The MRA newsletter could also be a useful tool for disseminating information, as it reaches many residents from CALD backgrounds in the mountains.

Diverse needs, cultural preferences and individual circumstances mean reliance on any single information strategy is only partially effective in reaching CALD communities. A multi-faceted approach to disseminating information about services would incorporate working with the community and key community leaders, and identifying points of entry of CALD residents into services, such as places of worship, schools, shops, medical centres and childcare centres.

Responsibility for providing information and support to CALD communities should not be limited to services focusing on the needs of specific ethnic groups, but should also be recognised by mainstream services as a key access and equity obligation. Services need to recognise the importance of informing CALD residents about social issues for which support is available in Australia so these residents can better identify those services that can assist them if needs arise.

### **Discussion - Accessing Information**

The absence of a locally based multicultural worker has meant that for many CALD residents an important personal link is missing. Government departments need to consider funding a locally based multicultural worker to act as a 'hub' for information, settlement support and referral for CALD residents, not limited to working with residents during their first five years of settlement.

Responsibility for providing information and support to CALD communities should not be limited to services designed to meet the needs of specific ethnic groups, but should also be recognised by mainstream services as a key access and equity obligation. Services need to adopt a multi-faceted, more personalised approach for ensuring that information about their services reaches CALD residents, for example by working with the community and identifying points of entry of CALD residents into services, placing bilingual announcements in the local newspaper; making translated fliers available at schools, shopping malls, medical centres and libraries; promoting services and events via the MRA's newsletter, and arranging in-services for mainstream staff on how to access resources relevant to CALD clients.

A more coordinated approach is required for informing CALD residents and their families of the types of problems for which assistance is available, of their entitlements and of services available locally to avoid reliance on rather ad hoc and often unreliable sources of information. More creative and comprehensive strategies for disseminating information to CALD residents and their families need to be developed. The production of a Newcomers' Kit, available to new CALD residents moving to the mountains, would assist them and their families in understanding their entitlements and what local services are available to them. It could include information on services' referral and assessment procedures, the rights and responsibilities of service users and providers, and multilingual and CALD specific resources.

Those services with information about CALD residents settling in the area need to share what information they can about this, without breaching confidentiality, so that services can be targeted more effectively, with new residents receiving information as early as possible.

#### **6.6 Accessibility of Services and Relevance to Perceived Needs**

Through the consultations with CALD residents, it became apparent that structural barriers such as transport, language and location of services impact on utilisation of services.

The main services with which CALD participants were familiar were health, education and Centrelink. When asked about community programs, there was a general lack of knowledge and understanding of support services and how to access them. Providing information about services can generate greater demand, as people realise that their personal and family issues are recognised as social issues for which support is available.

'I haven't heard of any programs for young people ... my boys need more activities, to see them mixing more with Aussies.' (Resident from Iraq).

'I didn't know I was a carer and could get benefits ... I missed out on benefits for years because I thought that was my life, and to find that you can get support was a big blessing.' (Resident from Peru).

The availability of programs and services, including settlement support workers, intensive English language programs, translating/interpreting services, projects focussing on specific ethnic groups and employment and training support can influence the settlement choices of recently arrived migrants and humanitarian entrants. Previous research in the Blue Mountains has acknowledged the limited range of services available locally to meet both the short and long-term settlement needs of CALD residents.<sup>3,4</sup> This might partially explain the decrease in recently arrived migrants

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choosing the mountains as their preferred place of settlement and the relocation of families back to major urban centres where a wider range of services, social support and opportunities are accessible.

'The refugee families decided the mountains was not the best place for them, they could not access housing assistance, English language programs and employment training ... and they wanted to be near other families ... '  
(Refugee advocate).

Numerous respondents noted that their reliance on private transport was an important barrier to accessing services such as TAFE, health and social support activities. Poor access to transport restricts the ability of residents to participate in activities, especially those perceived as 'non essential'. As previous studies <sup>2,3,19</sup> have shown access to transport is particularly important for older people, the frail and those reliant on family members to take them to and from services.

'My husband takes me to places ... but he is busy working and only when is an emergency like going to the doctor he would make time from work to drive me.'  
(Resident from China).

'My husband is teaching me to drive, but he is very busy and he won't pay for the lessons because it is very expensive.' (Resident from the Philippines).

New initiatives are also needed to assist CALD residents, particularly recent arrivals, to access affordable driving lessons and English language support for the written driving test.

Knowledge of Community Transport services was patchy among respondents. This could especially be of concern for frail elderly residents from CALD backgrounds and their carers, who are isolated and vulnerable. Great Community Transport is currently developing strategies to improve access, particularly for CALD residents in isolated areas and those who lack access to private transport.

Previous research findings in relation to carers' issues <sup>19</sup> were borne out in this study, i.e. that there is often a significant gap between what carers expect from services and what services can actually deliver, reflecting to a degree different cultural frameworks.

'I want services that understand my needs... flexibility, that's what we need, like if you want to have respite with your daughter, together, they don't allow it ... I want to check on my daughter and have respite.' (Resident from Poland).

Improving access to services for CALD communities has tended to be seen as simply a matter of 'educating' them about services in Australia and how the system works here.<sup>4</sup>

'The ideology of equity is good but the practice is not ... equity should ensure that CALD people regardless of being a minority in the Blue Mountains are equally represented in service usage, and they are not.' (Resident from Chile).

Practical measures, such as providing occasional information sessions out of hours or at weekends to accommodate residents who work, and providing childcare, can help break down some initial barriers to service access. It is important for agencies to also consider ways of addressing the mismatch between the service's culture and the user's cultural expectations. When planning services, it is important to approach cultural diversity as the unifying common ground informing social policy and equity strategies, rather than as an 'add-on'.

### **Discussion - Accessibility of Services and Relevance to Perceived Needs**

A significant barrier to service accessibility in the mountains is difficulty accessing transport, which limits the ability of residents to participate in activities, especially those perceived as 'non essential'. It is important to inform CALD residents of available transport, such as that provided by Great Community Transport, particularly those people living in isolated areas with limited access to private transport, and those reliant on family members to drive them to and from appointments.

There is a need for information and other assistance in relation to obtaining a driver's licence. The RTA's translated resources, including the road rules and the written test need to be promoted more widely, for example via Centrelink, TAFE and local information networks

Important strategies for breaking down barriers between services and potential service users include organising activities such as open days, and providing training within mainstream services on cross-cultural communication, issues that migrants and refugees face and cultural competence in the workplace. Services need to continue lobbying funding bodies for resources to deliver more flexible programs to meet the specific cultural, linguistic and religious needs of CALD residents and to arrange interpreters, transport and childcare where needed. It is also important to make reception areas more welcoming to CALD residents, such as by displaying multilingual signage, brochures and other images that reflect diversity.

### **6.7 Promoting Diversity in the Community**

For residents and service providers alike, there is a perception that CALD communities are largely 'invisible' in the mountains. Some residents felt that more needs to be done to increase the broader community's knowledge of local migrant communities, and of their cultural, social and economic contribution to the area.

Further exploration of the place and contribution of migrants in the Blue Mountains would be timely, focusing, for example, on successful business enterprises by members of established CALD communities (including Italians, Greeks, Chinese and Vietnamese residents) and the artistic and cultural contributions of established and emerging communities. This would help in promoting community harmony and the valuing of diversity in the local area.

'Not many people know about Ghana, I think people think we don't have anything but we have a lot ... we do things a different way to here, like we women get together to dance and share food ...' (Resident from Ghana).

'As a migrant musician it is very hard in the mountains. I have more chances of making a living playing in Kabul than in the streets of Katoomba..'' (Resident from Germany).

'We always enjoy Carnaval. It's the only cultural event in the mountains but once a year isn't enough; why is it only once a year?' (Resident from Poland).

Cultural exchange is a positive and practical way to reduce barriers and the fear some residents have regarding people from 'other' cultures. Simple and practical strategies for addressing racism and finding common ground can have a significant impact. As noted earlier, people involved in 'Nature through Fresh Eyes' valued the experience and were keen for further such projects to be organised as they raise their profile in the broader community and can address a range of needs.

### **Discussion - Promoting Diversity in the Community**

Further opportunities for cultural exchange, including between CALD and Indigenous communities through the sharing of stories and knowledge would be beneficial. Opportunities need to be created to increase the broader community's knowledge and appreciation of migrant communities in the mountains and for positive portrayals of local CALD residents, for example by acknowledging their contribution to the economic, artistic and cultural life of the mountains, and in the care sector. Promoting such events through a number of channels, including personal invitation can be effective in keeping multiculturalism on the agenda in the wider community.

Within the Blue Mountains community, the planning and holding of such events is often reliant on groups and individuals putting in their own time, as there is a lack of funds for promotion and for providing childcare, transport and reimbursement for performers and caterers. Further (and where possible, ongoing) funding and resources need to be allocated by government agencies to support projects that promote cultural diversity and positive race relations in the Blue Mountains.

### **6.8 Summary: Consultations with CALD Residents**

The consultations with residents from CALD backgrounds provided rich material on how they make connections with their local communities, services and environment and what specific service and information gaps currently impact on their short and long term settlement in the Blue Mountains.

People from CALD backgrounds choose to settle in the Blue Mountains for many reasons, including an appreciation of the area's heritage and environmental uniqueness. The large majority of participants in this project have negotiated the challenges presented by their migration experience and want to continue making positive contributions to the economic, cultural, artistic and community life of the mountains.

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Developing a sense of belonging is a complex process. Activities that encourage residents to find common ground and share stories and experiences can be a starting point for increasing engagement with and participation of CALD residents in mainstream services and communities.

Given the potential of such activities to also improve mental wellbeing and to strengthen support networks, further social and recreational activities targeting CALD residents are needed. Previous projects such as 'Nature through Fresh Eyes' have demonstrated the effectiveness of adopting this approach.

General practitioners play an important role in providing information and referral, and for many CALD residents are the primary link to health and community services. New strategies are therefore needed to ensure that GPs have up-to-date information on existing services so they can effectively promote them to their patients from CALD backgrounds.

The absence of a locally based multicultural settlement worker has impacted on the capacity of CALD residents to access information, services and one-to-one support. It remains a challenge for mainstream services to address this gap by adopting creative, culturally sensitive and coordinated strategies for connecting with and providing assistance to residents from CALD backgrounds. Ideally, ongoing funding for employment of such a worker would be made available.

More active and engaging ways of disseminating information are needed. A 'Newcomer's Kit' would be a valuable resource for CALD residents settling in the area.

There is a clear need for more access to one-to-one assistance locally with gaining recognition of overseas qualifications, identifying career pathways, obtaining work experience and securing employment.

These consultations also highlighted how knowledge of rights and entitlements in Australia can vary among individuals from CALD backgrounds, leading to different expectations of what services can offer and, in many cases, reluctance to seek out support. By actively promoting their services via open day activities and more personalised strategies, local agencies could overcome some barriers, creating better links between their services and CALD communities.

Reliance on an outreach model of service provision means that many large government departments, including Health, do not make links with CALD communities as effectively as they would with a local multicultural service, which in turn can make it more difficult for their mainstream staff to engage with CALD communities. Services need to promote the multilingual resources and sessional work programs they do have more effectively. They should also build cross-cultural competence among their staff and consider placing or funding more locally based resources, including workers to meet the needs of CALD communities in the mountains.

## **7. Findings from Consultations with Service Providers**

Service providers consulted included representatives from Community Health Centres, Hospitals, Neighbourhood Centres, HACC Services, TAFE, Centrelink and various community agencies, as well as some GPs and volunteers. They had the opportunity to reflect on their own cultural identity, on cultural diversity and issues pertaining to CALD communities. Services committed themselves to the study and showed great interest in exploring these issues, which generated animated discussions and debates.

### **7.1 Exploration of Cultural Identity**

Some interesting points arose from discussions about the service providers' own sense of culture and identity. Of note was the diverse range of cultural and geographical references that fashion people's sense of identity, including specific places like rivers, the bush and the city - each with a corresponding culture.

'I am an Australian ... I grew up in a 'river culture' and that was my connection ... I came to the Blue Mountains a few years ago because I like the bush and also the greater diversity of views and values ... so I am new here'.  
(Anglo-Australian service provider)

Some participants viewed their ancestry as central to their cultural identity. Some from Anglo-Australian backgrounds said they didn't think they had a culture, or felt that mainstream Australian culture is hard to define or is still quite 'new'. For some, it seemed rather dull, borrowing too much from America and Britain, whereas they saw 'other' cultures as more colourful and textured. Others commented that cultural generalisations depicting them as Christians, 'true-blue Aussies' and sport lovers misrepresent them and homogenise their cultural identity, ignoring the rich diversity of cultures within Anglo-Australian communities.

Many participants were of the view that the culture of local organisations is very Anglo-centric, and some observed that CALD issues are not addressed because they are considered to be low priority for various reasons. These include the perception that CALD consumers do not access services because they don't need them or that the small numbers of CALD residents needing their services do not warrant any 'special' treatment.

Some felt there is increasing pressure on individuals and services to comply with a wider agenda of 'mainstreaming', and that diversity of opinion is becoming less tolerated by key government bodies, even viewed as 'dissent'. Another observation was that some services are prevented from implementing more culturally diverse service models due to strict funding guidelines.

Some acknowledged that emphasis on cultural difference as a barrier, rather than as a positive factor prevents us adopting a self-reflecting attitude and enjoying opportunities to share and exchange cultures.

'We are really not that different from each other ... I don't understand why we talk so much about what makes us different and don't look at what we share in common.' (Community service provider).

Several of the participating service providers were from CALD backgrounds. Some have made the Blue Mountains their home while others commute from surrounding areas. The diverse responses from participants regarding their perceptions of culture reflect how complex, subjective, dynamic and difficult to define each person's cultural identity is.

## **7.2 Challenges for Service Providers**

'We don't know where the CALD communities are or how to contact them... that is our biggest obstacle in providing a service to CALD people.' (Community Service provider)

According to participating service providers, the absence of a locally based multicultural caseworker has impacted on mainstream services in a number of ways. The loss of an important referral link between services and potential service users was emphasised. Other consequences included a lack of up-to-date demographic information and reduced access to training, liaison and support to better deal with the needs of CALD residents.

'Our service wants to see more CALD people using our programs and we are working on ways to link with them but it's not easy and there is no point whatsoever in ringing CALD services outside the mountains as they don't know what's happening up here....' (Community Service provider)

Some participants identified the importance of key local points of entry into the system, including medical centres, places of worship, schools and Centrelink.

'We get our CALD clients from referrals done by the GPs so we need the GPs to know what we provide.' (Community Health worker).

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Service providers expressed a need to better understand available programs and services, along with their eligibility criteria and procedures to ensure access to these services by CALD residents.

'Services are not well informed about other programs and cannot refer clients who may need these programs, or refer them to the wrong service.' (Community Service provider).

Community Health Centre staff noted the difficulties posed by the outreach model of service provision and perceived inconsistencies in the distribution and effectiveness of access and equity resources and programs within the health system. This was seen to be largely the result of rationalisation of services and centralised units dealing with wide geographical areas. The absence of a locally based multicultural health referral and liaison worker was identified as a service gap.

'We have an Aboriginal Liaison Worker with us and he comes regularly to our centre and if we need him to come with us to a home visit he is available ... I don't understand why the same can't happen with CALD clients, why can't we have a local CALD liaison worker assisting us in linking with CALD residents.' (Community Health worker).

'It is all too good to talk about activities to link with CALD residents but that to my view is tokenistic...we need the funding to employ a CALD access worker.' (Community Health worker).

Funding limitations, uneven resource allocation, high workloads and broad geographic areas of responsibility were also identified as impacting on the capacity of several services to be accessible, to provide effective casework and to plan and deliver sustainable community targeted projects for local CALD residents.

'We don't know where they (residents from CALD backgrounds) live and we don't have the resources to employ a multicultural worker to work with them...'. (Community Service provider).

The limited number of staff from CALD backgrounds working in the local community and health sector was also identified as impacting on the ability of some services to reach CALD residents.

'We have a Polish staff member and she has got the Polish community linked to the centre but we don't have access to any of the other communities.' (Community Health worker).

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Employment of more staff from CALD backgrounds in the mainstream community, government and health sectors could enhance their colleagues' knowledge, skills and exposure to cross-cultural issues. This could in turn generate more culturally appropriate strategies within their service for linking with specific CALD communities and developing improved models of service delivery.

Mainstreaming services without investing in cultural competence for staff and access and equity strategies for CALD communities leads to ad hoc practices, with some organisations more pro-active and engaged in social justice and equity than others.

The lack of consistency in commitment to access and equity and in resources and strategies for the multicultural sector means that CALD residents may rely on those services that are sensitive to their needs and miss out on more relevant services that lack structures and resources to support them in appropriate ways.

Some participants acknowledged that in the absence of local specialised workers liaising with residents from CALD backgrounds, services need to address this challenge within their current staffing allocations and as part of their access and equity obligations.

'We are funded to service our community including Indigenous and CALD people and that should be reflected in our work plan and budget.'  
(Service provider).

More training and mentoring programs by those services that do target CALD residents are required, with financial backing from relevant government departments. The success of such programs depends largely on the commitment of managers and service coordinators to cultural diversity and to ongoing development and training for their staff regarding access and equity.

Removing cultural barriers involves a recognition that cultural diversity is not an 'add on' to accommodate when planning services, but is intrinsic to social policy, planning and equity strategies. Practical measures for bringing service providers and potential service users together can help ensure that services become more flexible and effective in responding to cultural diversity.

### **Discussion – Challenges for Service Providers**

The absence of a multicultural settlement worker in the Blue Mountains has impacted on the ability of mainstream services to link with Blue Mountains CALD residents, to raise awareness among their staff of the specific needs of CALD residents, and to respond to them effectively. A locally based multicultural settlement worker position is needed, to enhance the relationship between mainstream services and CALD residents, not necessarily limited to working with residents in their first five years of settlement in Australia. It is important that relevant government agencies fund such a position in the mountains, with appropriate levels of support.

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Shortcomings associated with services outreaching from Sydney to Blue Mountains CALD communities were identified. It would be timely for such services to review the outreach model and to consider alternative ways of reaching and servicing isolated CALD communities.

The limited number of staff from CALD backgrounds working in the local community and health sector was also seen as affecting the ability of services to reach CALD residents. Initiatives are needed to increase the number of staff from CALD backgrounds working in the community and health sector, to better reflect the cultural diversity of the area and to create more effective links between services and CALD residents.

Other strategies specific services could adopt to build the cultural competence of their staff would include having cultural competence as an essential selection criteria when new position descriptions are developed and identifying a key staff member within each service to be the initial point of contact and referral for CALD residents. Such staff would need training about emerging issues, referral pathways and support networks available to CALD residents as well as support in sharing their knowledge with colleagues at team meetings. Service providers should also have access to further information and training support on using interpreter and translation services.

The exploration of cultural identity by service providers showed that providing space for such reflection and brainstorming can be valuable in shifting their perceptions in ways that will make them more culturally responsive. Including such exploration in cross-cultural competence training sessions can enhance awareness among participants of the pervasiveness and dynamic nature of culture in our everyday interactions.

Addressing cultural diversity should be an intrinsic part of service planning, rather than being treated as an 'add-on'. Cultural diversity and access and equity are themes that should be included in the job descriptions, work plans and meeting agendas of services. Staff should be encouraged to discuss and share examples of strategies they have planned and implemented, and in particular, strategies that have worked well.

### **7.3 Vulnerable Groups and Complex Needs**

#### **Refugee Issues**

Service providers identified a range of complex issues for newly arrived residents from refugee backgrounds. These included the impact of culture, torture, trauma, loss, gender and socio-economic status on adjustment to life in Australia.

'We were totally overwhelmed by the complexity of the issues with the refugees that came to our service; there were domestic violence issues and gender issues, power issues as well as incredible cultural barriers making it hard for them and us to understand each other.' (Community Service provider)

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The Blue Mountains has been home to small numbers of newly arrived refugees dealing with post traumatic stress related to their experiences of torture and trauma. This may also emerge later in life, for example at times of loss, and may also affect local older people who migrated to Australia from Europe after World War Two, having gone through refugee-like experiences.

'We had a client from Poland who started to remember what happened to him during the Second World War. He became very distressed and was showing symptoms associated with trauma.' (Community Service provider).

The recent experience of providing support to newly arrived refugee individuals and families with complex needs has highlighted the importance of a holistic and personalised approach. Several local services worked in partnership with the BMRSG in supporting these families.

'Supporting the refugee families was an incredible experience and we learnt a lot from it, but we need to create opportunities for other services to learn from our experience.' (Community Service provider).

It is important that services maintain the knowledge and networks developed when dealing with such complex situations, so they can be more responsive as and when the need arises.

'We try to look after refugees by providing them with housing, access to schools, information, advocacy... and we do all this through donations and support from the community ... but this is not enough and there are many more things they need and we cannot provide.' (Refugee advocate).

'I call her (a refugee support volunteer) my 'mum'; she is everything to me ... if I need information, she helps me ... if I need to go to the doctor she tells me where to go and rings the doctor for me ... God bless her and give her many years so she can make many people happy.' (Resident from Ghana).

## Women

'We need to create a wider understanding of women's health issues, that takes in their mental and physical wellbeing instead of just focusing on women's reproductive health.' (Health worker)

It is important for health services seeking to engage CALD women in screening and other women's health programs to take a holistic approach, which may generate ideas for promoting services in ways that make them more appealing and relevant to diverse communities.

As new opportunities present themselves to women settling in Australia, their cultural perspectives on gender relationships may shift, which can lead to conflict at home and in some cases domestic violence and family breakdown. In some instances the man represents the family in presenting to services, but may not be receptive to, or willing to share information about services and opportunities for women and laws that protect women and children against domestic violence. Some service providers who work with women acknowledged a need for ready access to expertise and support when dealing with family crises.

### **Domestic Violence and Legal Issues**

Respondents who support women from CALD backgrounds facing domestic violence identified the complex issues and challenges they face. Information exchange and close cooperation between different family, child support, legal and counselling services are critical, as is access to suitable resources. These include culturally sensitive counselling, ready access to interpreters, translated information and bilingual caseworkers, information on Australian law and entitlements, and links to services such as the Department of Housing and women's refuges.

The importance of ready access for CALD residents to legal aid and the justice system was also highlighted by service providers, particularly in relation to community legal aid and the challenges of making this service accessible for residents with no prior experience of this type of support. Other issues highlighted were neighbourhood disputes, family law matters and immigration and visa matters, which are often exacerbated for CALD families with limited knowledge of the legal system and the role of community legal aid.

### **Other Vulnerable and Isolated Residents**

Service providers indicated that it is difficult to locate and service people from CALD backgrounds who live in isolated areas or are homeless and are vulnerable. Where services do succeed in making these connections, it is important that they share their knowledge, for example via interagency meetings, so that other services can also make links with these residents.

### **Discussion – Vulnerable Groups and Complex Needs**

It is important for services working with CALD residents with complex needs to share their knowledge about specialist resources and what has and has not been effective in the past, in what can be challenging situations.

Partnerships between government, non-government and volunteer services have enabled a fairly holistic response to the needs of local newly arrived and humanitarian entrant refugees. It is important to maintain these networks and continue sharing information, to ensure the complex needs of refugees can be addressed as the need arises.

Those services with information about groups or individuals settling in the area need to notify other key local agencies, so that settlement support and resources such as the proposed 'Newcomers Kit' can be made available to new residents as soon as possible after their arrival in the mountains.

When data from the 2006 Census becomes available, relevant agencies should adopt a coordinated approach to analysing and disseminating emerging information about local CALD communities, to assist other services with planning and outreach.

CALD residents, particularly women, need information on local legal aid services, the justice system and their rights and responsibilities, so they know the appropriate channels for resolving legal issues when they arise.

Further strategies need to be developed to identify CALD residents who are homeless, vulnerable and/or live in isolated areas and ensure they can access services relevant to their needs. Utilising telephone interpreter services in such situations is particularly important.

#### **7.4 Increasing the Demand for Services among CALD Residents**

Numerous service providers had faced difficulties in reaching local CALD residents and making links with community leaders, which they attributed in part to a lack of resources and locally based multicultural workers to perform a vital linking role. Some had had limited success in attracting residents from CALD backgrounds to information sessions on health issues, local government services, welfare entitlements and so forth. This caused a degree of frustration and some misconceptions that CALD communities were not interested in or in need of their services.

'It takes a lot of effort to organise an event and it is very frustrating when no one comes ... it certainly makes me think I should put my energies somewhere else.'  
(Health Service provider).

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A number of agencies had adopted strategies such as hosting multicultural lunches, acknowledging important religious and cultural days and displaying welcoming posters in various languages to increase cultural sensitivity in service provision. Incorporating information sessions into cultural and recreational activities had increased connections between some services and the community.

'Supporting CALD communities in organising cultural events has been a better way to create links between them and our service.'  
(Community Health worker)

Such strategies require consultation and partnership with CALD community leaders to ensure their relevance and cultural significance.\* When planning open days and other functions, it is important to consider transport and childcare, and where possible to provide food. There are local caterers from CALD backgrounds who can be called upon for such occasions.

Increasing the demand for services is closely linked to identifying what needs exist and modelling services to fit these needs. This requires a willingness to take the community's perspective as the starting point in planning and development, as opposed to assuming that one size fits all. The following comments from a carer from Poland looking after her daughter illustrate this well.

'My problem with respite care, where you can have a break for a week is that my daughter is taken away from me and I told them I want to have the respite with her so I can still look after her but have other people in charge, but they say no, I can't stay with my daughter and I ask, why not?' (Resident from Poland).

The capacity of services to adopt flexible service delivery models and convey what they offer in ways that are meaningful to CALD groups depends largely on their guidelines and funding agreements, which can sometimes pose dilemmas for service providers.

'On one hand you have the funding body telling you what to do and on the other you have the community with different needs and expectations, different ways of doing things ... I often found myself delivering a service that was meeting what my clients needed at that time but in conflict with what the funding was asking of me.' (Community Service provider).

The above comment highlights the need for further discussion between funding bodies, services and residents to determine how more flexible, relevant programs can be developed.

\* In order to engage Filipino residents in the focus group for 'East Meets West', the researcher liaised with several key members of that community to explore how to maximise attendance. These people then passed the invitation on to other community members. The focus group was held on a Saturday morning so that people who work during the week could attend, and childcare and a morning tea were provided. This approach worked well, with a good turnout.

### **Discussion - Increasing Demand for Services**

Engaging CALD residents with services involves more than just providing information. Mainstream services need to be proactive in engaging CALD residents with their services and programs in the absence of a local multicultural worker performing this role. Once initial contact is made, it is easier to then provide more comprehensive information about what services are offered. Formal channels for disseminating information (such as newspaper) may not be effective for reaching CALD residents with limited English language and literary skills and limited familiarity with the service sector.<sup>3</sup> Less formal methods for promoting services, such as word of mouth or personal invitation can be more effective. Practical considerations, like transport, food, childcare and work commitments also need to be taken into account.

It is important for services to acknowledge diversity and consider how to incorporate cultural sensitivity and relevance into their programs, funding agreements and position descriptions for staff. One way of doing this is to include CALD representatives in service planning and development processes so that their concerns and their suggested strategies for reaching their communities can be taken on board.

### **7.5 Liaison and Referral Issues among Service Providers**

Service providers identified the need for an up-to-date and accessible directory of services relevant to Blue Mountains CALD residents, which would allow them to better inform their clients about what is available. This should include health, other government and community services, voluntary associations, multicultural groups and support agencies. At present there is a knowledge gap, especially for new employees and volunteers about programs best able to assist CALD communities.

Some participants want more opportunities to discuss cultural diversity and brainstorm case scenarios at forums and interagencies. It can be surprising how much knowledge and experience already exists within a network. By sharing this, service providers can gain ideas and new skills to deal more effectively in real situations. An ongoing commitment from services to have representatives attending the MMI is also important.

General practitioners from CALD backgrounds who were interviewed observed that people from similar backgrounds would opt to see them, as their cultural affinity made it somewhat easier to communicate and establish a relationship. They also mentioned that doctors do not necessarily know what services are available in the local community. It would therefore be useful for GPs to be provided with up-to-date information about community services so they could refer their patients more effectively.

#### **Discussion - Liaison and Referral Issues among Service Providers**

It is important that the commitment to strengthen service referral networks continues, via interagencies and forums, and through the development of an up-to-date and easily accessible directory so that CALD residents in the Blue Mountains can be better informed about and directly linked to relevant services. Funding is needed to develop a local CALD service directory - available electronically or in hard copy - which would include information on health and other government and community services, voluntary associations, multicultural groups and support agencies. In the meantime, Blue Mountains services can utilise 'communityNet' for online information and posting and reading minutes of relevant meetings.

## **7.6 Training and Development**

Financial issues, understaffing, high work loads and time constraints were identified by service providers as limiting their participation in training on cultural diversity. The most pressing need identified with respect to such training was for information on how to link with CALD residents, and regarding the needs of emerging communities.

Online information on cultural issues for specific communities (for example via internet sites) was identified as a valuable resource for staff dealing with new clients from these backgrounds. Also needed is a local Multicultural Resource Kit that could be updated each year. It could include the local CALD service directory mentioned previously, information on topics including cultural interpretations of health and illness, religious and cultural considerations when dealing with different communities, broader understandings of culture, the needs of newly established communities, and of refugees and temporary visa holders.

Some participants had recently attended a community development conference in the Blue Mountains and found the forum about diversity beneficial. Access to such seminars and events can aid services in exploring the place of multiculturalism in Australia, learning about CALD communities, sharing successful strategies, and generating new ideas and partnerships.

### **Discussion - Training and Development**

Numerous service providers identified access to relevant training on cultural diversity and cross-cultural communication as a priority. Forums providing opportunities to explore both cultural diversity in the Blue Mountains and the place of multiculturalism in Australia were suggested. Local services need to make a commitment to building the cross-cultural competence of their staff. Such training should include a space for participants to explore their own cultural identity and review the assumptions about culture that underpin their own and their organisation's work practices.

Funding is needed to develop a Multicultural Resource Kit, as a training tool and resource for a whole range of services, with a local CALD community directory to assist with identifying referral pathways and relevant programs for CALD residents.

### **7.7 Summary: Consultations with Service Providers**

The focus groups with service providers highlighted the concern many have for ensuring that their agencies are accessible and responsive to the needs of residents from CALD backgrounds. There was recognition of the potential for creating better environments in the Blue Mountains, where cultural diversity is incorporated into the planning and delivery of services for all residents. While service providers want to engage CALD residents with their services, many are at a loss to know how to make initial contact with them.

By exploring their own cultural identity, participants gained some insight into the fact that narrow definitions do not convey the breadth, depth and dynamic nature of 'culture'. Many expressed concerns about the emphasis in the broader political arena on adherence to 'Australian values', and the receding focus on mutual cultural understanding and respect. This was not only in relation to CALD communities, but was seen as reflecting a political climate where alternative social and political stances on important issues have been less tolerated by key government and funding bodies.

It remains a challenge for services to develop strategies and models of service delivery that enhance cultural harmony. Services can play a more active role in improving access and equity, and networks with CALD residents. Developing and supporting recreational and culturally appropriate activities may be one way of increasing CALD residents' access to and demand for services. The employment of more staff from CALD backgrounds might also enhance cultural competence within services.

Shortcomings of the outreach model of service provision were identified. Participants noted that the absence of a local multicultural settlement worker had impacted negatively on their ability to link with and make appropriate referrals for CALD residents.

Reflecting on the cultural values and principles underpinning service provision and practice, and different cultural perceptions of issues like disability, wellbeing and mental health can help prevent misunderstandings between clients and service providers.

There are some very effective networks within the Blue Mountains services sector and many people have skills and experience in working with CALD communities that could be shared more effectively within their own workplaces and via other networks. Partnerships are very important, and there is scope for creative strategies to address a range of needs through one project. A commitment from funding bodies to resource such strategies is required.

## **8. Outcomes of the Project**

The 'East Meets West' project has had a number of positive flow-on effects. Participating CALD residents have had an opportunity to voice their concerns and share experiences, to network with other communities and to access information about and develop new links with local services. Participating service providers have developed a greater awareness of cultural diversity in the Blue Mountains and of the challenges and opportunities this diversity presents. A range of creative responses has already emerged to address some of the issues identified. Various activities within this project have become platforms for other activities.

A fundamental part of the focus groups for service providers was the provision of a space for exploring cultural identity and assumptions made about their service's culture. This was a dynamic and energising activity and indicates that further opportunities for such discussions could be valuable in building the cultural awareness and competency of service providers in the mountains.

During the focus group with the Filipino community, information sessions on relevant topics such as Centrelink payments, mental health and cultural and recreational activities were requested and subsequently organised.

Members of the Polish community gained access to information and resources to develop a support network for their community through a local neighbourhood centre.

As mentioned earlier, a community meeting organised in late 2006 as part of the project gave participating service providers and CALD residents an opportunity to meet each other and hear feedback about the project's progress, and some residents showcased elements of their respective cultures. An article about this meeting with accompanying photos was subsequently published in the 'SWAHS Weekly News' - a newsletter distributed to all SWAHS staff. (see Appendix 11).

The Sampaguita Dancers, a local group of Filipinas, had their inaugural performance at this meeting and have since performed at 'Carnaval' and at a Harmony Day celebration in Katoomba. The opportunity to participate in cultural events has given the Filipino community, particularly the women, an incentive to maintain and promote their art and culture.

A community project to assist women from the Philippines who live in Penrith and the Blue Mountains is currently in the planning stage, through a partnership between a number of key local services.

A multicultural playgroup is being planned by staff from Family Support Services in the mountains, to provide a supportive environment for parents from CALD backgrounds and their young children.

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The Nepean HACC Access CALD Project Worker has been undertaking a series of consultations with carers from CALD backgrounds living in the Nepean region including the Filipino community in the Blue Mountains. This will help ascertain the specific needs of local carers from CALD backgrounds.

Some issues arising from this study were also raised at a recent community consultation in Katoomba entitled 'How do we build healthy communities in the Blue Mountains?' which was organised by the Sydney West Area Health Advisory Council. Subsequently, approval to appoint a part-time Rural CALD health worker based at SWAHS MHN Western Cluster has been granted

An eight-week program for older women from CALD backgrounds looking at a range of health issues is also planned locally as a partnership between the BMWHC and MCRN. Ideas for other Community Cultural Development projects began to crystallise in the course of this project, with initial meetings having taken place regarding a photo voice activity for members of the MRA, a morning tea for older CALD residents and an exploration of migrant heritage in the Blue Mountains.

## **9. Concluding Remarks and Further Research**

'East Meets West' adds to an existing body of research on the needs of CALD communities in the Blue Mountains<sup>1,2,3,4</sup> and its findings support previous findings and recommendations. A key aim of this project was to add new perspectives and approaches to the analysis of cultural diversity in the Blue Mountains, by exploring the main issues for both service providers and residents. The project has aimed to find common ground between them, to distil their key issues and concerns, and to identify practical and achievable strategies to address these in the local context.

Despite a long history of settlement in the Blue Mountains and successful contributions to its artistic, cultural and economic life, local CALD communities remain poorly visible and under-represented as consumers of services. CALD residents in the mountains come from a diverse range of countries and linguistic backgrounds. Many face isolation as a result of being dispersed across a large LGA with limited public transport and services, and no dedicated multicultural workers or local services focusing on the needs of specific ethnic groups. These factors, combined with models of service provision that involve services outreaching from Sydney's western suburbs present significant challenges for local service providers aiming to be relevant to and accessible for local CALD residents.

This study acknowledges that understanding and responding to cultural diversity in the mountains is a complex process, influenced by the interplay between personal experiences, local and regional policies and resource allocation, domestic politics, international events and media portrayals. The lack of visibility and representation of CALD residents locally can be exacerbated by political events and ideologies that seek to mainstream services and place emphasis on 'Australian' values. It is an important time for services to continue creating cohesive and culturally supportive environments.

Further research on the specific needs of local carers from CALD backgrounds who look after older people and children with disabilities would be timely. This group is often invisible to services and programs and there is no current data on how many CALD carers reside in the Blue Mountains and how to best meet their needs and those of their care recipients. In addition, research on the number of CALD residents working in the care sector, such as in nursing homes, could shed light on the hidden contribution they make to the community. Further research on portrayals of CALD residents in the local media, and on how better links can be fostered between these media organisations and our culturally diverse communities would also be welcome.

It has proven difficult to secure funding for CALD-focused projects in the Blue Mountains as the numbers of CALD residents are not large and there are generally not sufficient numbers of any one language or ethnic group to warrant the employment of workers focusing on the needs of any specific ethnic group. Regional multicultural workers are thinly spread and often the needs of larger CALD communities in Penrith or the Sydney Metropolitan Area take precedence.

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It is hoped this report has provided sufficient evidence of the need for more locally based resources, including designated multicultural workers to coordinate casework, referral and community development projects for Blue Mountains CALD communities, and that the project's findings will support services and the MMI in lobbying for such resources.

Services based locally need to make a greater commitment to building the level of cultural competence within their own workforces and to work in partnerships to develop new, effective responses and practical resources that can be shared across the LGA. It is important that MMI continues to lobby for sustainable resources and recurrent funding locally. The dedication of resources and project funding by government agencies will be crucial to the successful implementation of the strategies outlined.

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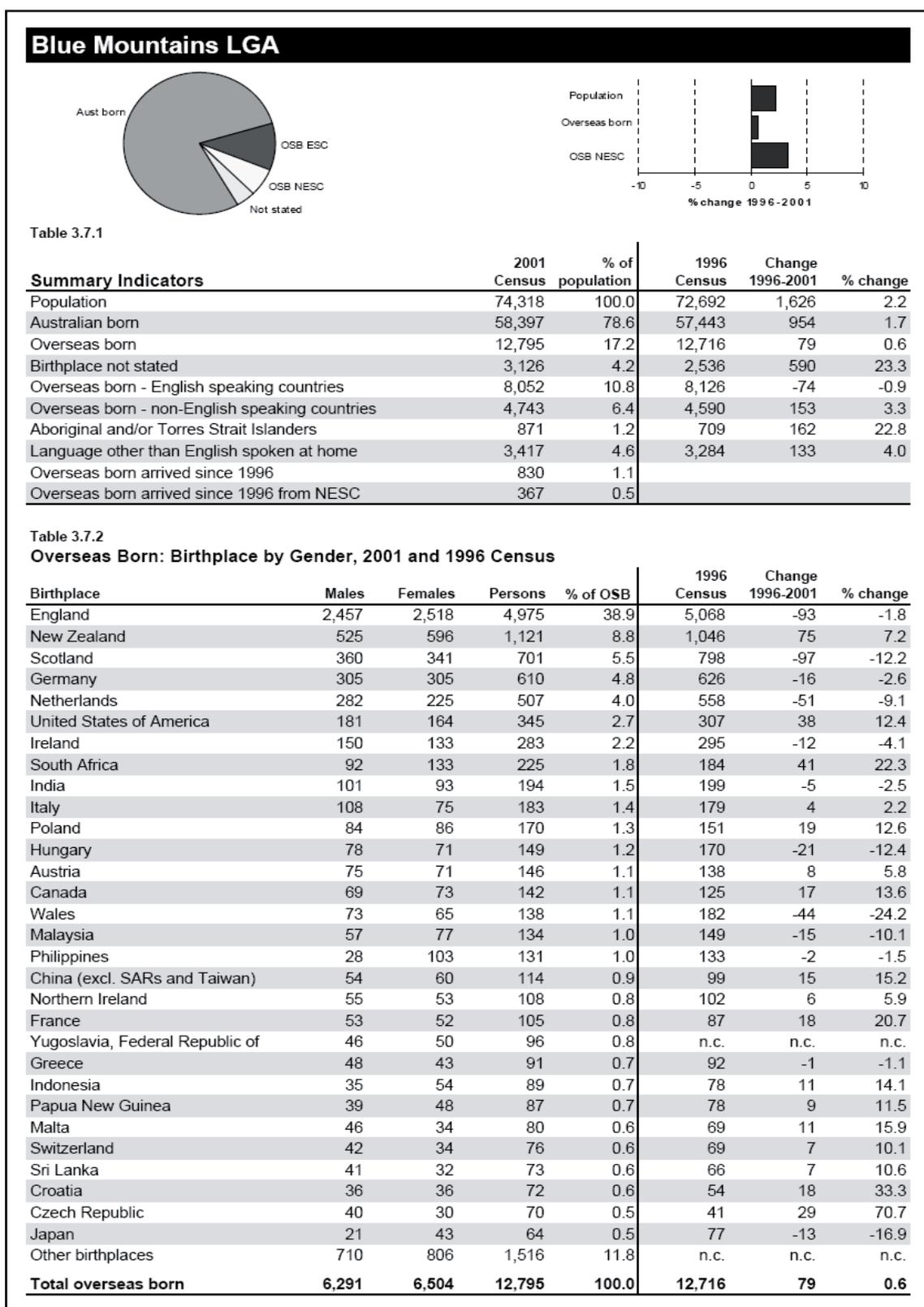
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## *East Meets West: Exploring Cultural Diversity in the Blue Mountains*

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## 11. Appendices

Appendix 1: Community Relations Commission for a Multicultural NSW Summary - compiled from 2001 ABS Census figures



**Blue Mountains LGA**

(continued)

Table 3.7.3  
**Birthplace by Age: Selected Birthplace Groups, 2001 Census**

Percentage in age group of each birthplace - total expressed as a number

Birthplace	Age 0-12	Age 13-24	Age 25-54	Age 55-64	Age 65+	Total
England	1.6	2.9	53.8	19.6	22.1	4,975
New Zealand	4.7	9.3	65.7	10.9	9.5	1,121
Scotland	0.7	2.1	50.9	22.0	24.3	701
Germany	0.7	1.5	46.9	25.1	25.9	610
Netherlands	0.6	1.2	39.7	23.6	35.0	507
United States of America	9.0	9.9	57.7	16.2	7.2	345
Ireland	0.0	6.0	52.5	20.9	20.6	283
South Africa	1.8	9.3	60.4	15.1	13.3	225
India	2.6	11.3	43.8	19.6	22.7	194
Italy	0.0	3.8	45.1	17.6	33.5	183

Table 3.7.4  
**Languages other than English Spoken at Home by Gender, 2001 and 1996 Census**

Language	Males	Females	Persons	% of LOTE speakers	1996 Census	Change 1996-2001	% change
German	226	243	469	13.7	577	-108	-18.7
Italian	120	123	243	7.1	241	2	0.8
Netherlandic	116	127	243	7.1	281	-38	-13.5
Greek	115	112	227	6.6	208	19	9.1
Spanish	89	118	207	6.1	160	47	29.4
Polish	72	91	163	4.8	139	24	17.3
French	73	88	161	4.7	132	29	22.0
Arabic	81	56	137	4.0	84	53	63.1
Hungarian	57	68	125	3.7	131	-6	-4.6
Cantonese	58	50	108	3.2	102	6	5.9
Russian	48	54	102	3.0	64	38	59.4
Japanese	30	47	77	2.3	88	-11	-12.5
Croatian	30	41	71	2.1	45	26	57.8
Czech	36	34	70	2.0	56	14	25.0
Hindi	23	26	49	1.4	37	12	32.4
Tagalog (Filipino)	12	34	46	1.3	78	-32	-41.0
Danish	20	22	42	1.2	23	19	82.6
Indonesian	13	20	33	1.0	26	7	26.9
Serbian	17	16	33	1.0	25	8	32.0
Mandarin	13	19	32	0.9	23	9	39.1
Korean	11	17	28	0.8	18	10	55.6
Swedish	10	18	28	0.8	31	-3	-9.7
Maltese	11	13	24	0.7	23	1	4.3
Slovak	12	12	24	0.7	15	9	60.0
Thai	8	16	24	0.7	11	13	118.2
Slovene	12	10	22	0.6	17	5	29.4
Vietnamese	9	13	22	0.6	18	4	22.2
Persian	9	12	21	0.6	17	4	23.5
Tamil	12	9	21	0.6	23	-2	-8.7
Turkish	10	9	19	0.6	13	6	46.2
Other languages	276	270	546	16.0	578	-32	-5.5
<b>Total LOTE speakers</b>	<b>1,629</b>	<b>1,788</b>	<b>3,417</b>	<b>100.0</b>	<b>3,284</b>	<b>133</b>	<b>4.0</b>

East Meets West: Exploring Cultural Diversity in the Blue Mountains

**Blue Mountains LGA**  
(continued)

Table 3.7.5  
**English Language Competency by Age: Selected Language Groups, 2001 Census**

Language	Age 0-12	Age 13-24	Age 25-54	Age 55-64	Age 65+	Total
<b>German</b>						
Speak English well/very well	36	12	171	100	133	452
Speak English not well/not at all	..	..	..	..	..	13
<b>Total including not stated</b>	<b>39</b>	<b>12</b>	<b>174</b>	<b>100</b>	<b>143</b>	<b>468</b>
<i>Percent not well/not at all</i>						2.8
<b>Italian</b>						
Speak English well/very well	14	15	124	23	39	215
Speak English not well/not at all	..	..	..	..	12	21
<b>Total including not stated</b>	<b>14</b>	<b>20</b>	<b>128</b>	<b>23</b>	<b>51</b>	<b>236</b>
<i>Percent not well/not at all</i>					23.5	8.9
<b>Netherlandic</b>						
Speak English well/very well	..	12	74	53	94	238
Speak English not well/not at all	..	..	..	..	..	..
<b>Total including not stated</b>	<b>..</b>	<b>12</b>	<b>77</b>	<b>56</b>	<b>94</b>	<b>247</b>
<i>Percent not well/not at all</i>						
<b>Greek</b>						
Speak English well/very well	22	26	108	22	32	210
Speak English not well/not at all	..	..	..	..	..	16
<b>Total including not stated</b>	<b>29</b>	<b>26</b>	<b>111</b>	<b>25</b>	<b>38</b>	<b>229</b>
<i>Percent not well/not at all</i>						7.0
<b>Spanish</b>						
Speak English well/very well	24	32	94	29	14	193
Speak English not well/not at all	..	..	..	..	..	12
<b>Total including not stated</b>	<b>30</b>	<b>32</b>	<b>100</b>	<b>32</b>	<b>17</b>	<b>211</b>
<i>Percent not well/not at all</i>						5.7
<b>Polish</b>						
Speak English well/very well	13	24	70	14	28	149
Speak English not well/not at all	..	..	..	..	..	17
<b>Total including not stated</b>	<b>16</b>	<b>24</b>	<b>76</b>	<b>17</b>	<b>36</b>	<b>169</b>
<i>Percent not well/not at all</i>						10.1
<b>All speakers of languages other than English</b>						
Speak English well/very well	278	380	1,408	432	525	3,023
Speak English not well/not at all	69	21	66	33	75	264
<b>Total including not stated</b>	<b>412</b>	<b>407</b>	<b>1,499</b>	<b>465</b>	<b>603</b>	<b>3,386</b>
<i>Percent not well/not at all</i>	16.7	5.2	4.4	7.1	12.4	7.8

Table 3.7.6  
**Ancestry by Birthplace of Parents: Selected Ancestry Groups, 2001 Census**

Ancestry	Australian Born					Overseas born	Not stated birthplace	Total responses
	Both parents born in Australia	Mother Aust born/Father OSB	Father Aust born/Mother OSB	Both parents born overseas	Parent(s) birthplace not stated			
English	16,716	3,406	2,303	1,988	509	6,059	633	31,614
Australian	23,175	3,326	2,166	334	527	548	633	30,709
Irish	7,432	1,176	654	390	169	1,223	229	11,273
Scottish	1,313	365	230	301	33	817	40	3,099
German	1,291	308	208	292	48	775	39	2,961
Dutch	227	240	118	350	20	617	24	1,596
Italian	485	208	89	286	33	274	19	1,394
Polish	87	60	24	171	..	250	14	612
Greek	141	71	42	152	..	144	10	567
Chinese	130	60	43	68	..	223	18	551

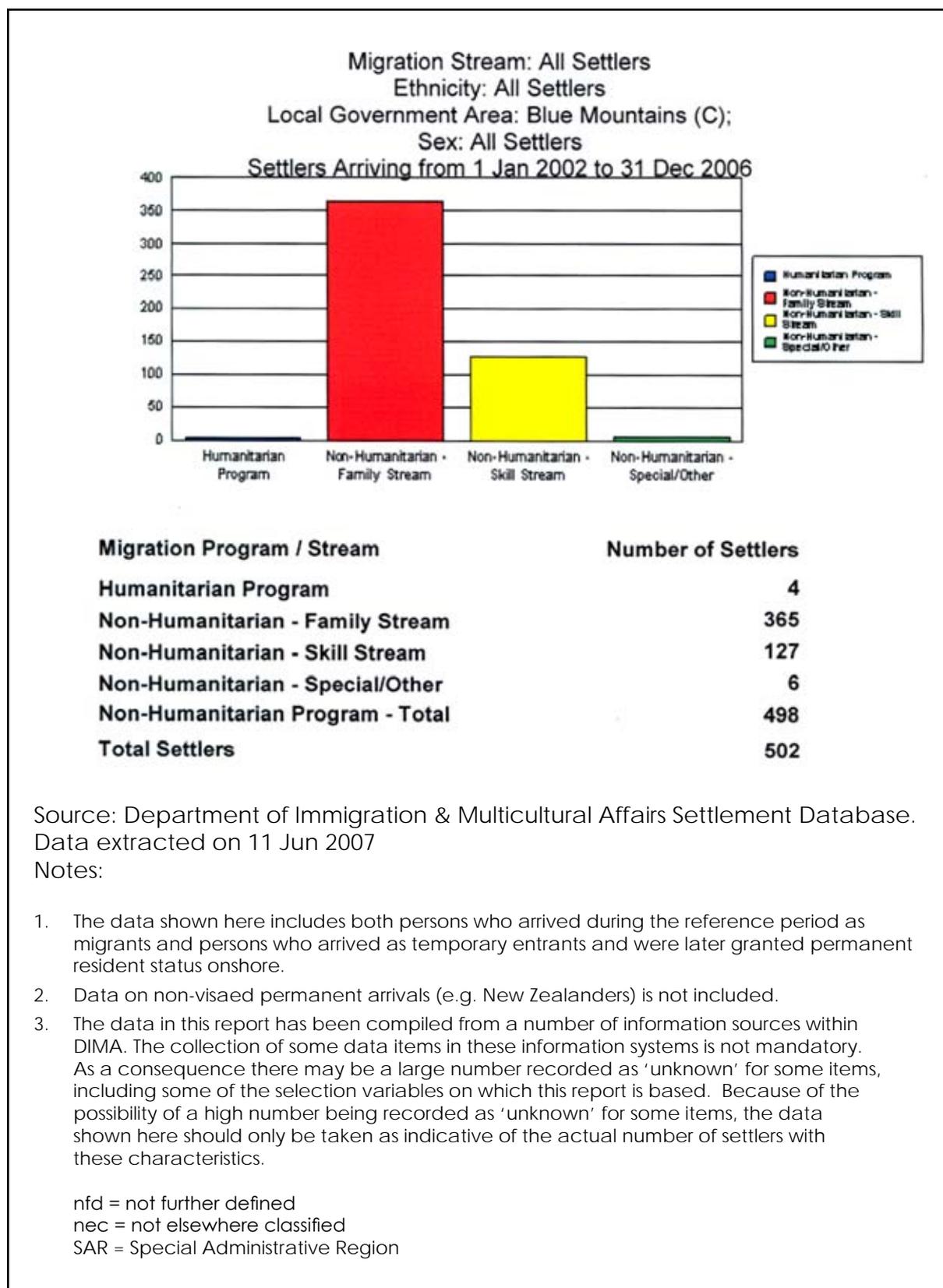
**Blue Mountains LGA**

(continued)

Table 3.7.7  
Religious Affiliation by Gender, 2001 and 1996 Census

Religion	Males	Females	Persons	% of population	1996 Census	Change 1996-2001	% change
Anglican	8,517	9,756	18,273	24.6	18,112	161	0.9
Catholic	8,056	8,702	16,758	22.5	16,471	287	1.7
No Religion	7,120	6,341	13,461	18.1	13,380	81	0.6
Uniting Church	1,721	2,072	3,793	5.1	4,556	-763	-16.7
Presbyterian & Reformed	1,445	1,563	3,008	4.0	3,415	-407	-11.9
Baptist	1,280	1,472	2,752	3.7	2,745	7	0.3
Christian, nfd	761	831	1,592	2.1	1,197	395	33.0
Religious belief, nfd	450	455	905	1.2	233	672	288.4
Pentecostal	433	471	904	1.2	759	145	19.1
Buddhism	389	482	871	1.2	449	422	94.0
Orthodox	297	280	577	0.8	516	61	11.8
Lutheran	264	242	506	0.7	571	-65	-11.4
Jehovah's Witnesses	157	186	343	0.5	414	-71	-17.1
Salvation Army	152	166	318	0.4	314	4	1.3
Nature Religions	101	178	279	0.4	144	135	93.8
Latter Day Saints	126	132	258	0.3	287	-29	-10.1
Brethren	120	129	249	0.3	296	-47	-15.9
Islam	96	82	178	0.2	131	47	35.9
Hinduism	89	87	176	0.2	136	40	29.4
Seventh-day Adventist	67	94	161	0.2	170	-9	-5.3
Other Christian	61	83	144	0.2	171	-27	-15.8
Judaism	69	71	140	0.2	103	37	35.9
Other Protestant	57	67	124	0.2	193	-69	-35.8
Churches of Christ	58	55	113	0.2	177	-64	-36.2
Spiritualism	27	75	102	0.1	99	3	3.0
Baha'i	27	40	67	0.1	45	22	48.9
Chinese Religions	21	11	32	0.0	..	..	..
Theism, nec	9	10	19	0.0	28	-9	-32.1
Oriental Christian	11	6	17	0.0	..	..	..
Sikhism	6	4	10	0.0	17	-7	-41.2
Other religions	43	48	91	0.1	91	0	0.0
Inadequately described	427	264	691	0.9	111	580	522.5
Not stated	3,724	3,682	7,406	10.0	7,361	45	0.6
<b>Total persons</b>	<b>36,181</b>	<b>38,137</b>	<b>74,318</b>	<b>100.0</b>	<b>72,692</b>	<b>1,626</b>	<b>2.2</b>

**Appendix 2: The Department of Immigration and Citizenship - Numbers by Migration Stream**



**Appendix 3: Invitation to Filipino Focus Group**

**EAST MEETS WEST:**  
**Exploring Cultural Diversity in the Blue Mountains**  
MORNING TEA INVITATION

**Morning Tea with the Filipino community**



We wish to invite Filipino residents of the Blue Mountains to a morning tea, to discuss issues related to life in the mountains, services available, cultural, health and social needs, and any other topic that is important to you.

**Date: Saturday 15<sup>th</sup> July from 10am - 12 noon**  
**at Mountains Community Resource Network in Lawson**  
Lawson Library, Corner San Jose Ave and Loftus St, Lawson

**Free childcare available.**  
**A delicious morning tea will be provided**



*To let us know if you can attend, or for more information, please phone  
Beatriz Cardona on 47591834 or 0422661089.  
Please tell us if you need an interpreter.*

*In recognition of your time & effort in attending this meeting,  
you will receive a gift voucher.*

A project of Sydney West Area Health Service, in partnership with Mountains Community Resource Network, Blue Mountains Multicultural Residents Association and TRI Community Exchange to explore the needs of Culturally and Linguistically Diverse residents in the Blue Mountains, and to develop ways to meet these needs.

**SYDNEY WEST**  
AREA HEALTH SERVICE | **NSW HEALTH**

#### **Appendix 4: Questionnaire for CALD Residents**

1. Where do you come from?
2. How long have you been in Australia?
3. Tell me about your migration history.
4. How long have you lived in the Blue Mountains and what made you choose the mountains as your home?
5. Tell me about your experiences living in the Blue Mountains.
6. Do you access any services, such as Centrelink, community or health programs?
7. What services and programs have been most useful to you and why?
8. Have you ever needed assistance with English when communicating with service providers? Has the communication with services been positive?
9. If you need to get information about services or programs, how do you find this information? (i.e. through friends, the local newspaper, your GP).
10. Is it important for you to meet with other residents from the same cultural/linguistic background? Why is this so?
11. What opportunities do you have to exchange information with others about your cultural background? Is this important to you?
12. What do you like the most about living in the mountains and what do you find most difficult?
13. What further activities or programs would you like to see happening in the Blue Mountains that you believe can make a difference in your life and the life of the community?
14. Is there anything else you would like to add that we haven't covered?

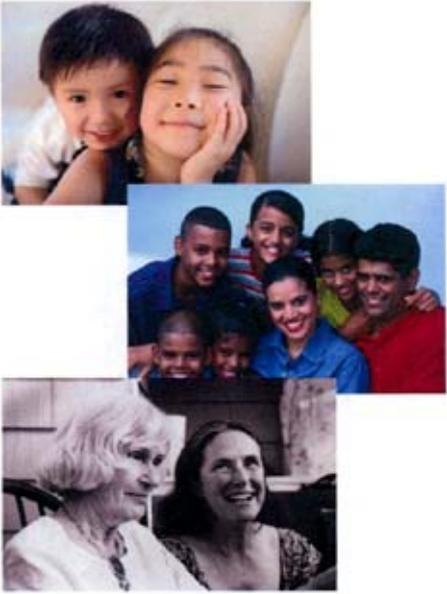
**Appendix 5: Flier Promoting the Project to Services in the Blue Mountains**

**SYDNEY WEST** | **NSW HEALTH**  
AREA HEALTH SERVICE

**CULTURAL DIVERSITY IN THE BLUE MOUNTAINS:  
What we know, what we would like to know**

**A workplace-based workshop for frontline service providers to discuss cultural diversity and the needs of emerging and established CALD communities in the local area.**

**Facilitated by Beatriz Cardona**



**Objectives:**

- To discuss current issues regarding cultural diversity, access & equity and health issues for CALD communities in the Blue Mountains**
- To explore existing strategies for responding to cultural diversity issues**
- To reflect on what service providers need - & what resources are available - to better meet the needs of diverse communities in the Blue Mountains.**

**For further information or to register your organisation's interest in participating, please contact Beatriz Cardona on XXXX XXXX**

*A project funded by Sydney West Area Health Service's Multicultural Health Network, Western Cluster*

## **Appendix 6: Questions for Home and Community Care (HACC) Forum & Mountains Community Interagency**

### East Meets West: Exploring Cultural Diversity in the Blue Mountains

A project of Sydney West Area Health Service in partnership with Mountains Community Resource Network, the Multicultural Residents Association and TRI Community Exchange. Project Coordinator: Beatriz Cardona

Please answer the following questions to assist us in determining the needs of services regarding cultural diversity information/resources.

What services does your organisation provide?

Do you have clients from Culturally and Linguistically Diverse backgrounds? If yes, what are their countries of birth?

Has your service used Interpreter Services? If so what was your experience of using this service?

Do you have staff at your service from different cultural/linguistic backgrounds? If yes, what benefits do you see from having a multicultural workforce?

How does your service gain access to CALD communities in the mountains?

What do you think are the main needs of CALD residents in the Blue Mountains?

What strategies could be of benefit to your service to increase service usage by CALD residents?

What services are you aware of that can give you information regarding CALD residents and their needs in the Blue Mountains?

Thank you

Beatriz Cardona  
Project Coordinator

## **Appendix 7: Questions asked at Focus Groups for Service Providers**

East Meets West: Exploring Cultural Diversity in the Blue Mountains  
Questions for Service Providers

1. Do you currently provide services to residents from CALD backgrounds? If yes, what groups?
2. What is your understanding of culture and cultural identity?
3. What sort of cultural values and principles do you see as informing your service delivery? How flexible are these principles when dealing with cultural diversity?
4. Do you have updated information on the main CALD groups in the Blue Mountains?
5. What access and equity strategies do you currently implement to ensure CALD residents access your service?
6. What services do you currently liaise with to gain information about CALD communities in the Blue Mountains?
7. Do you currently have staff in your workplace from CALD backgrounds? If yes, what benefits do you identify from having a multicultural workforce?
8. What are the main barriers your service faces with regards to accessing CALD communities?
9. What strategies in your opinion are currently needed to increase access of CALD residents to services in the Blue Mountains?
10. Is there anything else we haven't covered today that you would like to add?

**Appendix 8: Additional Questions for Mountains Multicultural Interagency (MMI) members to discuss at Focus Group**

**Background information:**

'East Meets West: Exploring Cultural Diversity in the Blue Mountains' is a project funded by Sydney West Area Health Service and developed in partnership with MCRN and Multicultural Residents Association. The objectives of the project are to explore cultural diversity in the mountains from the perspective of CALD residents and service providers. It includes looking at CALD residents' sense of place and belonging in the mountains, opportunities for participation in the social, cultural and economic life of the wider community, access to services, mental health issues and any other issue relevant to them. In terms of service providers it means looking at how services understand the needs of CALD residents, strategies in place to meet these needs, links with the communities and opportunities to develop partnerships with local CALD residents.

Some of the emerging themes from previous consultations and literature on cultural diversity that we use as starting points for our discussion include:

'We all come from somewhere': With the exception of Aboriginal people, we all migrated to Australia from somewhere. Acknowledging this fact can be a good starting point in any discussion on cultural diversity. This recognition is an important initial step in any discussion of cultural diversity in the Blue Mountains as it is commonly assumed that the mountains is a mono-cultural community in terms of ethnic, cultural and linguistic heritage.

Discussion: How important is a recognition of cultural diversity in your workplace?

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Personal experiences in relation to cultural diversity: Often cultural identity is understood as fixed and unaffected by every day experiences leading to generalisations about particular groups. Common generalisations include beliefs that CALD communities have extended networks of support, that they don't access services because of strong stigma about issues such as disability. Whilst this may well be the case for some CALD individuals it cannot be generalised. Explaining service under-utilisation as a result of culture not only problematises culture, but obscures structural issues such as the ability of services to incorporate the needs of culturally diverse clients and other access and equity issues.

## *East Meets West: Exploring Cultural Diversity in the Blue Mountains*

Discussion: What barriers do you think may prevent CALD clients from accessing your service?

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Commitment to cultural diversity: Previous discussions on commitment to the principles of cultural diversity have highlighted the evidence pointing to the contrary – the de-funding of CSSS and SMPO programs and recent shifts in the discourse on what ‘multiculturalism’ means (Peter Costello in a recent speech at a Citizenship Ceremony, argues that multiculturalism is about adhering to the values and principles and laws of this country without any reference to notions of respect or appreciation of cultural diversity). At another level, a recent discussion about cultural diversity with Anglo-Australian service providers in the mountains highlighted the perception that the shift from multiculturalism to new forms of ‘assimilation’ affected them as well, as it gave them less room for dissent.

Discussion: How can mainstream services respond to the absence of a local multicultural worker linking CALD residents with services?

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The benefits of learning about other cultures: At a previous focus group participants explored how being able to learn and share with other cultures can be ‘liberating’ in that it allows people to free themselves from attitudes and values, often perceived as restrictive and arbitrary. There was also a discussion of how learning about other cultures allows the formation of strong connections and mutual understanding.

Discussion: How can services benefit from learning about cultural diversity?

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What brings people to the Blue Mountains? Some CALD residents mentioned choosing the mountains as their place of residence because of the physical environment, the bush, which interestingly enough was also perceived as dangerous. This raises questions about how can services make better use of the local environment and resources as a tool to increase participation from CALD communities in services.

*East Meets West: Exploring Cultural Diversity in the Blue Mountains*

Discussion: What activities do you see could be developed to increase participation of CALD communities in your service?

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Recognising the benefits of cultural diversity: CALD residents are often approached as clients and people in need of assistance with little opportunities given to approach them as providers of information, knowledge, expertise and cultural resources.

Discussion: What opportunities could be made available for CALD residents to become providers of culturally relevant information/knowledge?

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Exploring Anglo-Australian cultural identity: Exploring cultural identity is often framed in terms of learning about other cultures but not Anglo-Australian cultural identity. We often ask CALD people to explain themselves and their social relations and family dynamics in terms of culture but very rarely we explore the values and principles informing Anglo-Australian's sense of identity and belonging. The cultures informing service provision are not questioned assuming that they are 'neutral' or 'culture free'.

Discussion: Can you spend a few minutes talking about the cultural principles underpinning the provision of services at your organisation?

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## Appendix 9: Invitation to CALD residents to attend Community Meeting



11<sup>th</sup> October, 2006

***East meets West: Exploring Cultural Diversity in the Blue Mountains***

A project funded by Sydney West Area Health Service (SWAHS)  
Researcher: Beatriz Cardona  
Project Coordinator: Carol Tingate, Liaison Officer  
SWAHS Multicultural Health Western Cluster

**Invitation to a Community Meeting**

Hello and thank you for taking part recently in the "East meets West" project.

We are holding a community meeting on 9 November 2006 for Blue Mountains residents and service providers and who were interviewed for this project. You will be able to meet with other residents, and with service providers who will have useful information that you can take away with you.

We will also give you some feedback about the project and what we have learned.

The meeting is free, with an afternoon tea and a drumming workshop.  
Free childcare will be available, as well as transport if you need this service.  
Parking is available on-site.

The meeting will be at:     **Mid Mountains Community Centre,  
New St, Lawson  
Thursday 9<sup>th</sup> November  
1:00 to 3.30 pm**

Please let us know if you are coming and also if you need transport or childcare, by contacting Beatriz Cardona on XXXX XXXX or Carol Tingate on XXXX XXXX.

We look forward to seeing you.

With kind regards,

Beatriz Cardona,  
Carol Tingate and Project Advisory Committee

This project is supported by the Mountains Community Resource Network (MCRN) and the Blue Mountains Multicultural Residents Association (MRA)



mountains  
community  
resource  
network



BLUE MOUNTAINS  
Multicultural Residents  
Association

Appendix 10: Invitation to Community Meeting for participating Service Providers



12<sup>th</sup> October, 2006

***East meets West: Exploring Cultural Diversity in the Blue Mountains***

A Project funded by Sydney West Area Health Service (SWAHS)

Researcher: Beatriz Cardona

Project Coordinator: Carol Tingate, Liaison Officer  
SWAHS Multicultural Health Western Cluster

**Invitation to Services to attend a Community Network meeting**

The "**East meets West**" project is holding a community networking meeting on 9 November 2006 for Blue Mountains service providers and CALD residents who participated in our recent forums and discussions on cultural diversity.

This will be an important part of the process, creating a unique opportunity for participating services to link directly with CALD communities in the Blue Mountains, to establish networks and provide information about their services.

We will provide you with an update on the project, its findings, recommendations and possible time frame for release of the report, and you will have an opportunity to give us more feedback.

Services taking part in the meeting will be provided with a table for the display of service information. *Please let us know how much space you require. Parking is available on-site.*

There will be an afternoon tea and a drumming workshop. Childcare will be available, as well as transport for CALD residents needing these services.

The venue is: **Mid Mountains Community Centre,  
New St, Lawson  
Thursday 9<sup>th</sup> November  
1:00 to 3.30pm (12.30 – 4.00 for setting up and dismantling display tables).**

To RSVP or for further information, please contact Beatriz Cardona or Carol Tingate.

We look forward to seeing you.

With kind regards,

Beatriz Cardona,  
Carol Tingate and Project Advisory Committee

This project is supported by the Mountains Community Resource Network (MCRN) and the Blue Mountains Multicultural Residents Association (MRA)



**BLUE MOUNTAINS  
Multicultural  
Residents Association**

Appendix 11: Sydney West Area Health Service Weekly News article  
(Issue 33: 22 December 2006)

## SYDNEY WEST WEEKLY

### EAST MEETS WEST: EXPLORING CULTURAL DIVERSITY IN THE BLUE MOUNTAINS

During 2006, a series of consultations was conducted with Blue Mountains residents from culturally and linguistically diverse (CALD) backgrounds, and with a range of local service providers.

The *East meets West* project has been coordinated by cultural researcher Beatriz Cardona, and funded and overseen by the

providing services to CALD residents. Themes explored include health, settlement, transport, entitlements, how people hear about services, opportunities to highlight and celebrate diversity, and how to better resource local agencies in providing culturally appropriate services.



Local Filipino dancers entertain the audience.



The drumming workshop proved popular.

Multicultural Health Western Cluster team on the Nepean campus.

The project aims to identify CALD residents' needs and settlement experiences, and the challenges facing mountains agencies in

Despite common perceptions that the Blue Mountains has a very Anglo population, there is actually great cultural diversity and a rich history of migrants settling in the area. However, geographic isolation often makes it difficult for CALD residents and local services to make connections.

In November, at the end of the project's consultation phase, participants were invited to a community meeting and afternoon tea in Lawson so the project workers could thank them for their input and provide initial feedback about the research's findings. Most importantly, it provided an

opportunity for service providers and CALD residents to meet each other.

About 35 CALD residents and 28 service providers attended. Information about local services was displayed, an introduction to Filipino culture was presented by a local resident, and multicultural entertainment included a dance performance by a local Filipina group, and a spirited Spanish song performed by a local resident. Multicultural food and a drumming workshop helped break the ice.

The *East meets West* report is now being compiled, with recommendations on a range of strategies to improve access, equity and community connectedness in the mountains. It should be completed in early 2007.



